Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) filled in by the funeral papers. Pages Land PLACE OF DEATH b. COUNTY o. COUNTY **JERSEY** ALLEGANY Middlesex MARYLAND ve carban papers. Pages L event, within 72 haurs after b. CITY OR TOWN (If outside corporate limits, CLENGTH OF STAY IN 15 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) DAYS PERTH-AMBOY H STREET ADDRESS e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) MEMORIAL HOSPITAL 403 Lawrence STREET 50 NO X 3. NAME OF Middle 4. DATE remove carban First Month 66 DECEASED MARY JUNE AGNI Type or print) DEATH IF UNDER 24 HRS. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 4-14-1898 (Spointhdoy) FEMALE White WIDOWED DIVORCED and 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) Uwn nome during most of working life, even if retired) Hungary 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Joseph Medwick Unknown 16. SOCIAL SECURITY NO. 17. INFORMANT Address 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, np, or unknown) [(If yes give wor or dates of service MEMORIAL HOSPITAL CUMBERLAND, MD. NO. None. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) signed by the burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Page 4 may be retained by the haspital or attending physician. To FUNERAL DIRECTOR: After this certificate has been signed by **DUE TO** Conditions, if any, which gave rise to immediate couse (a) DUE TO stating the underlying couse os the WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) s shauld be detached for use with the State Dept. of Health 205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Pour II of item 18.) 20o. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) 20d. INJURY OCCURRED 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Hour o.m. Not While of work of work 1966, that (1) (we) last 21. I certify that (i) (this haspital) attended the deceased fram. 1964, and that death accurred at 3:55M, Alth causes and an the date stated above. saw the deceased alive an, 22b. DATE SIGNED 22o. SIGNATURE **ATTENDING** M.D. PHYS DIRECTOR director, page 3 should be filed v 22d. ADDRESS 22c. PHYSICIAN'S 456 NORTH CENTRE ST. DR. NAME (Type) 100 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) 23b. DATE THEREOF 230. BURIAL, CREMATION, REMOVAL (Specify) St. Michael's Cemetery Woodbridge, New Jersey 25b. REGISTRAR'S SIGNATURE **ADDRESS** 250. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 Cumberland, Maryland H. Waune George

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH hours after death PLACE OF OEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY b. COUNTY Allegany Marvland Allegany MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
Westernport c. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b á 68 Years Westernport .⊑ d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? filled 409 Spruce Street 409 Spruce Street NO X YES completely executed within Day 3. NAME OF DATE Month Middle Yeer DECEASED OF OEATH 1966 Marganet Helen Ahern June (Type or print) 6. COLOR OR RACE | 7. MARRIEO | NEVER MARRIEO 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthday) | Months | remove a) Davs Hours and any Nov. 1, 1878 White Female WIDOWED X. DIVORGED [10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife 11. BIRTHPLACE (County & State, or fergion country) 5 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT physician INDUSTRY COUNTRY? and Own Home Maryland certificate 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME remova attending primit. Ther Mary Hartley John Thompson 15. WAS DECEASED EVER INU.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address ed by the attend transit permit. cremation, or ru 17. INFORMANT (Yes, no, or unkown) (If yes nive war or dates of service) Westernport, Md. Mrs. Gerald Frantz no none 18. CAUSE OF OEATH [Enter only one cause per line-for (a), (b), end (c),] INTERVAL BETWEEN ONSET AND DEATH been signed by t the burial-transit or to burial, crema PART I. DEATH WAS CAUSED BY: the hospital or attending physician. Greek IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) gave rise to immediate as the prior to DUE TO cause (a), stating underlying cause last. NO. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY r this certificate h detached for use te Dept. of Health p PERFORMED? CERTIFICAT NO T YES 20a. ACCIDENT WAS UNDERLYING DO CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter neture of Injury in Part 1 or Part 11 of Item 18.) MEDICAL TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 120e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. Not While director, page 3 should be c should be filed with the State ATTENDING at work et work be retained 19 21. I certify that (I) (this hospital) attended the deceased from and that death occurred at 430 M, from the causes and on the date stated above. saw the deceased alive on 1966 22b. OATE SIGNEO 22a. SIGNATURE ATTENDING PHYS. DIRECTOR M.D. 4 may 22d. ADDRESS PHYSICIAN'S NAME (Type) William W. Lesh, M.D. Westernport. Maryland 23d. LOCATION (City, town or county) BURIAL, CREMATION, OATE THEREOF 23c. NAME OF CEMETERY DR CREMATORY (State) REMOVAL (Specify) Burial 6/13/66 Westernport. Philos Cemetery REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE AODRESS 24. FUNERAL DIRECTOR Western port VR A15 (4) 15M 4-64

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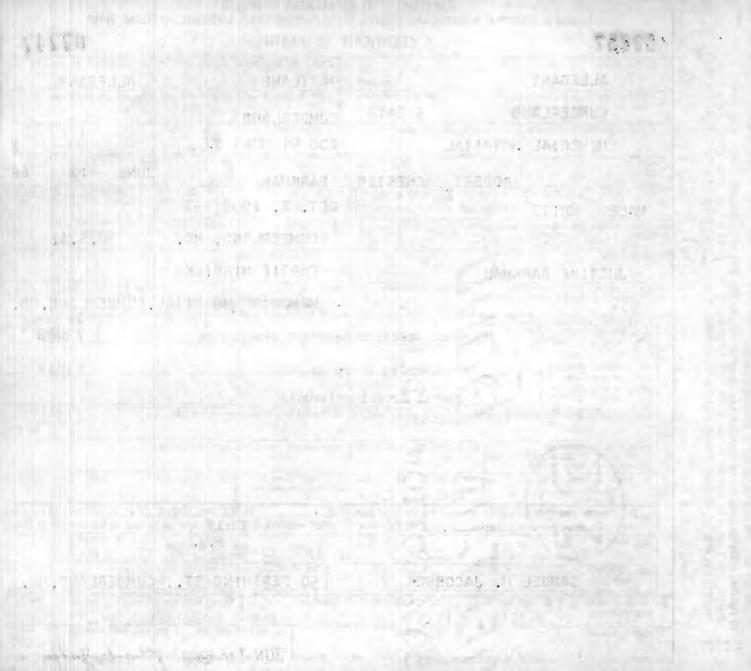
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07755 CERTIFICATE OF DEATH 117745 deoth funerol 1 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY LEGANY b. COUNTY ALLEGANY papers. Pages 1 in 72 hours offer MARYIAND 24 hours after C LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If autside corporate limits. write RURAL and give nearest tawn) CUMBERL AND d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street address) filled in I ON A FARM? d. STREET ADDRESS 916's BEDFORD ST. MEMORIAL HOSPITAL NO X NAME OF First Middle 4. DATE Year carbon completely DECEASED 1966 JUNE (Type or print) ARRINGTON DEATH event ARNETT executed IF UNDER 1 YEAR IF LINDER 24 HRS. 9. AGE (In years S. SEX 6. COLOR OR RACE DATE OF BIRTH NEVER MARRIED remove birthday) Months Hours APR. 15. 1917 DIVORCED WHITE MAL E and ond in an 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or fareign country) requires that the death certificate be physicion of during most of working life, even if retired) INDUSTRY DARTHOOR E.W. VA. U. S. Government Mational Guaro 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME or removol. JAMES C. ARRINGTON ALDA CHANNELL 17. INFORMAN 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give war or dotes of service) 16 SOCIAL SECURITY NO. permit. MEMORIAL HOSPITAL. CUMBERLAND. MD. 214-07-2519 Yes crematian, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) signed by the burial-transit postener wall ungoed-deal infanton ONSET AND DEATH PART I, DEATH WAS CAUSED BY: Occup IMMEDIATE CAUSE (6) DUE TO arterioralesota and hypeotecisine heart derease buriol Conditions, if any, which gove rise to immediate couse (a), DUE TO stating the underlying couse os the prior to l has been 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CERTIFICATION NO Page 4 may be retained by the hospital or this certificate for 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH 0. detached (IF EITHER, NOTIFY MEDICAL EXAMINER Stote Dept. 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (State) 20d. INJURY OCCURRED 20c. TIME OF INJURY Month, Dov. Year toctory, street, affice bidg., etc.) Hour o.m. Not While ot work at work FUNERAL DIRECTOR: After 1960 21. I certify that (1) (this hospital) attended the deceased from , that (I) (we) last 2 and that death occurred by A. M. fram causes and an the date stoted obove. saw the deceased alive an 66 19 22b. DATE SIGNED /66 22a. SIGNATURE STAFF PHYS. **ATTENDING** ulbjucken M.D. DIRECTOR director, page 3 should be filed v PHYS 22d, ADDRESS 22c. PHYSICIAN'S S. G. WEISMAN GREENE STREET, CUMBERLAND, MD. NAME (Type) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) 23a. BURIAL, CREMATION REMOVAL (Specify)
Burial 6-5-66 Sunset Memorial Park Cumberland, Rt. 3 Allegany Md. 25d. FECID BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Charles VR A15 (4) 20 M 1/66 Dale L. Merritt 104 Decatur St., Cumb., Md.

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7750 Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH BEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) a. COUNTY b. COUNTY ALLEGANY MARYLAND ALLEGANY MARYLAND the funeral 5 may be CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town) c. LENGTH OF STAY IN 1b RURAL CUMBERLAND YEARS RURAL CUMBERLAND d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) 0. IS RESIDENCE ON A FARM? d. STREET ADDRESS ay hage State NOT ROUTE ROUTE YES 3. NAME OF First Day Year Middle DATE Mi on th Last 4. DECEASED WILLIAM R. BAIRD DEATH (Type or print) JUNE 19 66 5. SEX 6. COLOR OR RACE 7. MARRIED XXNEVER MARRIED 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS last birthday) | Months | Days Give Pages Hours MALE WHITTE WIDOWED : DIVORCED FEB. 18,1888 78 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT BIRTHPLACE (State or foreign country) during most of working life, even if retired) INDUSTRY COUNTRY? 24 hours after in Item 18. Giv Office along USA BOTTLING DEPT BREWERY MARYLAND any pages in any 13. FATHER'S NAME MOTHER'S MAIDEN NAME ABSALOM BAIRD REBECCA SPRIGG 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Address 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) (If yes give war or dates of service) in pencil in AL EXAMINER: This certificate should be executed within the certificate, writing the word "pending" in pencil is should be forwarded to the Chief Medical Examiner's WW 21/ 05 4935 MRS. WM. R. BATRD. RT. CHMBERTAND. permi 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: burial-transit cremation, or CORONARY OCCLUSION SIDDEN IMMEDIATE CAUSE (a) DUE TO CORONARY SCLEROSIS Conditions, if any, which (b) gave rise to immediate DUE TO cause (a), stating the undarlying causa last. used as to burial PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY CERTIFICATION PERFORMED? YES NO I 208. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Entar nature of injury in Part 1 or Part 1) of Item 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 3 should agent, pri MEDICAL 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Hour a.m. While Not While CTOR: Page designated at work! at work Inquiry XXX and in my opinion inspection x v. 21. I certify that I took charge of the remains described above, held an Autopsy DIRECTOR: Homicide Undetermined manner death resulted from: Natural causes XX Accident Suicide CHIEF MEDICAL EXAMINER 4 Your 22. DATE SIGNED Page for yo **ACTUAL** ASSISTANT MEDICAL EXAMINER SIGNATURE 0 DEPUTY MEDICAL EXAMINER X JUNE 4. FUNERAL F Health o 1966 **EXAMINER'S** please e director. retained M.D. RT O Address (Street city town, or county)
NAME OF CEMETERY OF CREMATORY 230. LOCATION (City, town or county) BENEDICT SKITARELIC. NAME (Type) (State) BURIAL, CREMATION. 23b. DATE THEREOF REMOVAL (Specify) of 0 CUMBERLAND, MD. BURTAT SUNSET MEMORIAL PARK .HINE 24. FUNERAL DIRECTOR BYRON KIGHT REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE Charles CUMBERLAND, MD. 1966 VR ALSME (5) 1/65



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07757 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death. death. physician and campletely filled in by the funeral en please remave carbon papers. Pages 1 and avel_and in any event, within 72 haurs after deat 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH b. COUNTY ALLEGANY a. COUNTY MORY AND ALLEGANY MARYLAND c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If autside carparate limits, 5 DAYS CHMBERL AND e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS MEMORIAL HOSPITAL 200 WILMONT AUE. NO X 3. NAME OF First Middle Last 4. DATE Manth Day 12 DECEASED JUNE 66 ROBERT CHESTER BARKMAN DEATH (Type or print 24 HRS. S SEX 9. AGE (In years IF UNDER IF UNDER 6. COLOR OR RACE 8. DATE OF BIRTH NEVER MARRIED desty birthday) Manths Days Haurs OCT. 2. 1908 WHITE WIDOWED DIVORCED 10a, USUAL OCCUPATION (Give kind of work done IGH. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY CUMBERLAND. MD. Projectionist Thoatro 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME the attending phys ar remava CARRIE MINNICKS JUSTINE BARKMAN IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address 200 Wilmont Ave. (Yes, no, ar unknown) (If yes give war ar dates af service) Mrs. Marcon I. Bardenbal, CUMBERLAND, MD. 214-05-6631 No INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) burial-transit ANSEL AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE (AUSE (a) Cerebro Vascular Accident Hemorrhage by DUE TO signed | Canditians, if any, which gave Hypertensive Encephalopathy 7 days rise ta immediate cause (a). DUE TO stating the underlying cause as the Page 4 may be retained by the haspital ar attending O FUNERAL DIRECTOR: After this certificate has been Cerebral Arteriosclerosis last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? CERTIFICATION for use detached for use to Dept. of Health NO K YES 20b, DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I at Part II of item 18.) 20g. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (State) 20c. TIME OF INJURY Manth, Day, Year Haur a.m. factory, street, affice bldg., etc.) at wark at work . 19 03 to June 12, 19 00, that (I) (we) last 21. I certify that (I) (this hespital) attended the deceased fram Feb. saw the deceased alive an June 12. 19.66, and that death accurred at 12:19, fram causes and an the date stated above. 22a. SIGNATURE 22b. DATE SIGNED MED. STAFF ATTENDING DIRECTOR M.D. PHYS. director, page shauld be filed 22d. ADDRESS 22c. PHYSICIAN'S SAMUEL **JACOBSON** NAME (Type) PERSHING ST.. CUMBERLAND, MD 23d. LOCATION (City or Town) (State) 23g. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (County) REMOVAL (Specify) 6/15/66 SS. Peter & Paul Cemetery Cumberland. 2Sb. REGISTRAR'S SIGNATURE 2Sa. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 Cumberhand, Md H. Waune George

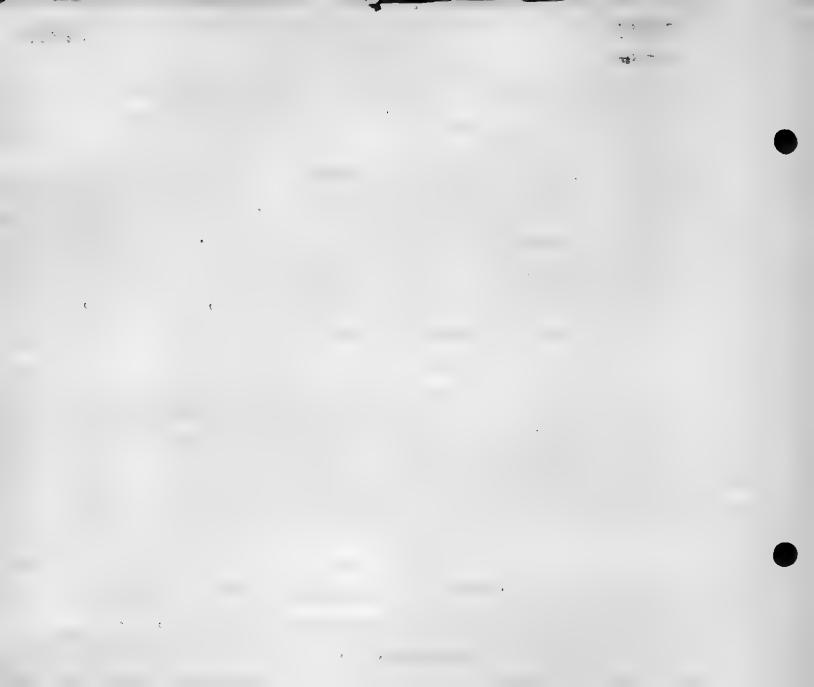


MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 02748 07758 requires that the death certificate be executed within 24 haurs after death the attending physician and competed filled in by the funeral ssit permit. Then please reagant carban papers. Pages 1-and mation, ar remayal, and in any event, within 72 haurs affact deat I. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased fived, if institution. Residence before admission) o. COUNTY o. STATE b. COUNTY ALLEGANY **ALLEGANY** MARYLAND b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate timits, write RURAL and give nearest town) FROSTBURG. D.O.A. FROSTBURG. e IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS 8 WELSH STREET YES NO MINERS HOSPITAL Middle 4. DATE Year 3 NAME OF Lost First DECEASED OF DEATH BAUER JUNE 19 66 WILLIEW H. ATH, Type or print 9. AGE (In years IF JNDER 1 YEAR IF JNDER 24 HRS DATE OF BIRTH S SEX 6. COLOR OR RACE 7 MARRIED X NEVER MARRIED lost birthdoy) Hours WIDOWED DIVORCED JAN. 14th. 1884 MALE WHITTE 11. BIRTHPLACE (County & Stote, or foreign country) 12 CITIZEN OF WHAT 10o. US JAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR during most of working life, even if retired)

MEAT CUTTER COUNTRYS INDUSTRY MARYLAND BUTCHER SHOP 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME CHRISTINA MEYERS WILLIAM BAUER. 17. INFORMANT Address 8 WELSH STREET. IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give wor or dates of service) 213-10-9686 Mrs. FRANCES G. BAUER, FROSTBURG, MD. INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c))
PART I. DEATH WAS CAUSED BY signed by the burial-transit p IMMEDIATE CAUSE (o) DUE TO Conditions, if only, which gove rise to immediate couse (a), DUE TO stoting the underlying couse as the TO FUNERAL DIRECTOR: After this certificate has been WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) director, page 3 should be detached far use should be filed with the State Dept. of Health NO M 205. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 1B) 200 ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER (Stote) 20s. PLACE OF INJURY (Home form, 20f. (City or town) (County) 20d INJURY OCCURRED 20c. TIME OF INJURY Month, Doy, Year foctory, street, office bldg., etc.) Hour o.m. Not While ot work ot work deceased fram Z - /Z, 19 $\stackrel{?}{}_{2}$ da $\stackrel{?}{}_{3}$ da $\stackrel{?}{}_{4}$ da $\stackrel{?}{}_{4}$ deceased fram Z - /Z, 19 $\stackrel{?}{}_{4}$ day fram causes and an the date stated above. 21. I certify that (1) (this hospital) attended the deceased fram Z - 12 6-3 saw the deceased alive an___ 22b DATE SIGNED 22o. SIGNATURE STAFF PHYS. M.D. DIRECTOR 22d. ADDRESS 22c PHYSICIAN'S 臂 39 W. MAIN ST., FROSTBURG, MD. NAME (Type) H. C. DIEHL 23d LOCATION (City or Town) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (Stote) 230 BURIAL, CREMATION, BEMOYAU Specify) 6-7-66 MD ST. MICHAEL'S CEMETERY FROSTBURG. 25b REGISTRAR'S SIGNATURE ADDRESS 2So. REC'D BY REGISTRAR 24 FUNERAL DIRECTOR VR A15 (4) FROSTBURG. MD. JOSEPH R. DURST, SR., 20 M 1/66

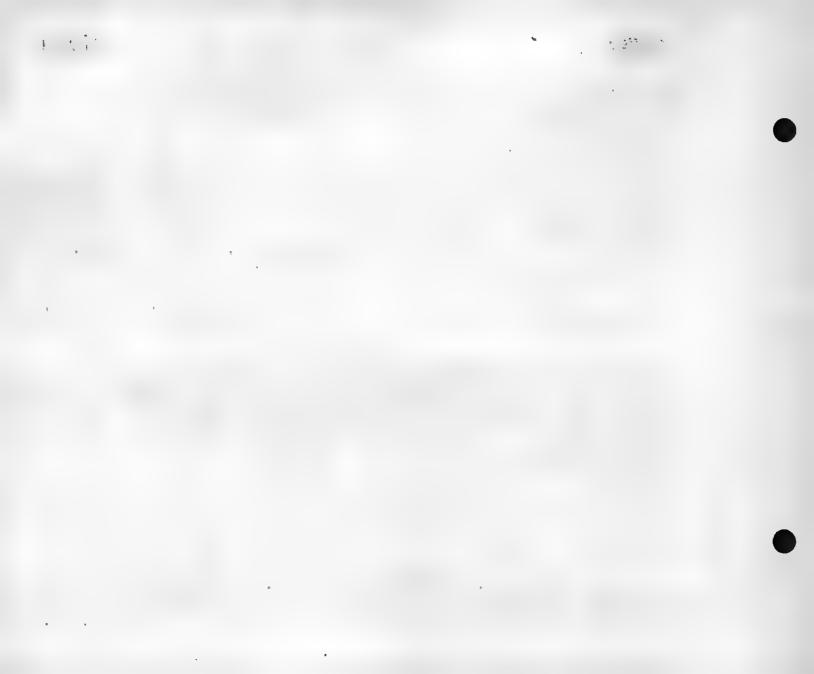
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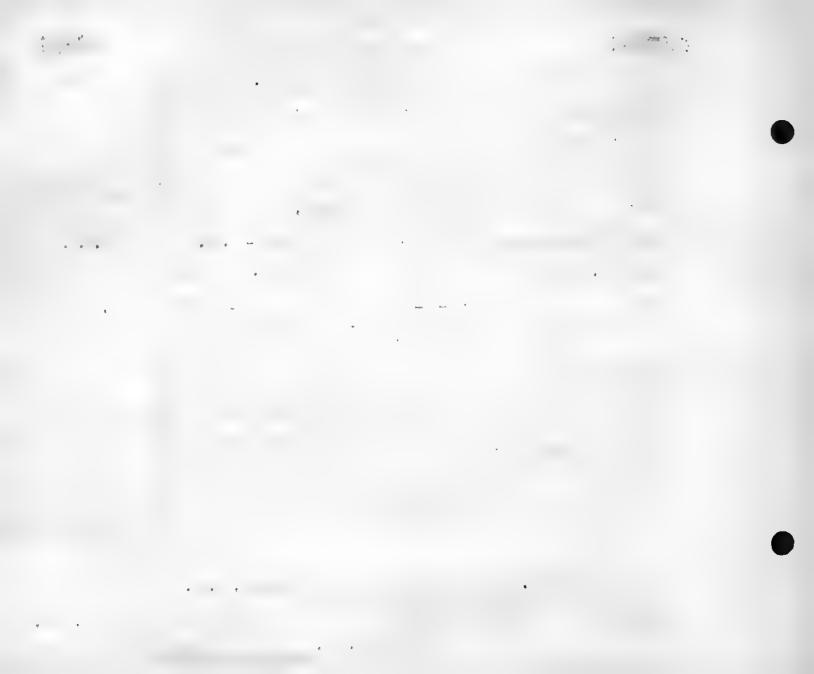
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1 20	OR CONTRIBUTING (C) CAUSE OF DEATH (S) (IF EITHER, NOTIFY MEDICAL EXAMINER)	
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	21. I certify that (I) (this hospital) attended the deceased from	ina:
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	MARTIN M. ROTHSTEIN M.D. 48 BROADWIY - EROSTBURG	2 -
	23e. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county)	
5	BENETIVAL (Society)	
2	Rurial 6/25/1966 Laurel Hill Gemetery Moscow, PD.	
Ľ	Burial 6/25/1966 Laurel Hill Cemetery Moscow, MD. 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 256. REC'D BY REGISTRAR 256. RECISTRAR'S SIGNATURE ADDRESS ADDRESS 256. REC'D BY REGISTRAR 256. RECISTRAR'S SIGNATURE ADDRESS ADDRE	ATUR



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH and 2 death requires that the death certificate be executed within 24 haurs after death 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission), and camptetely filled in by the funeral remove carban papers. Pages 1 and PLACE OF DEATH o COUNTY b. COUNTY VIRGINIA ALLEGANY **MARYLAND** b CITY OR TOWN (If autside corparate limits, c LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) DAYS **PETERSBURG** d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e IS RES DENCE ON A FARM? MEMORIAL HOSPITAL NO DC YES 🗔 3. NAME OF Middle 4 DATE Month DECEASED DELLA M BERG DEATH (Type or print) S SEX DATE OF BIRTH 6 COLOR OR RACE 9. AGE (In years IF LINDER 24 HRS 7. MARRIED NEVER MARRIED last 8 thdoy) Manths Hours DEC.29.1880 WHITE WIDOWED Y DIVORCED | FEMALE 10b KIND OF BUSINESS OR 10a LSUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT during most of work ng life, even if retired)
Practical Nurse INDUSTRY COUNTRY? ROUGH RUN, W. VA 13. FATHER S NAME CHRISTIAN SITES BETSY YANKEY 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT (Yes, na, ar unknown) (If yes give war or dates of service 9 MEMORIAL HOSPITAL, CUMBERLAND. MD. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN signed by the burial-transit a PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gove rise ta immediate couse (a), DUE TO stating the underlying couse as the has been last. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO Z 20n ACCIDENT WAS UNDERLYING FT 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 4 may be retained by the haspital OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20c TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (State) Haur a.m. factory, street, office bldg., etc.) While Not While at wark TO FUNERAL DIRECTOR: After 21. I certify that (I) (this haspital) attended the deceased fram. 2 19 6 that (1) (we) last and that death accurred a 08 A M, fram causes and an the date stated above. saw the deceased alive an 22 the 66 19 22b, DATE SIGNED 22o. SIGNATURE **ATTENDING** DIRECTOR M.D. director, page shauld be filed 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) IAM CENTRE ST., CUMBERLAND, MD Page (23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23g BURJAL, CREMATION, REMOVAL (Specify) ahmansville Lahmansville 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR 2Sg REC'D BY REGISTRAR VR A15 (4) 20 M 1/66 DATE tersburg

MARYLAND STATE DEPARTMENT OF HEALTH





Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07762 CERTIFICATE OF DEATH low requires that the death certificate be executed within 24 havrs after death. PLACE OF DEATH in by the funeral 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) O COUNTILLEGANY · PENNA. MARYLAND b CITY OR TOWN (IF outside corporate limits, write RURAL and give nearest town)

CUMBERLAND c LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits write RURA; and give nearest town) popers. Por hin 72 hoors **ADDISON** DAY d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? by the attending physician and campletely filled in rousit permit. Then please remove carbon paper HOSPI TAL MEMORIAL NO [YES 🗀 3. NAME OF 4 DATE OF Year DECEASED (Type or print) Lynn Birmingnam DEATH JUNE S SEX 9 AGE (In years lost birthdoy) 6 COLOR OR RACE 7, MARRIED DATE OF B RIN NEVER MARRIED Months Doys Hours WHITE FEMALE WIDOWED DIVORCED 10o JSUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? CUMBERLAND, MD 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME or remova THOMAS W. BIRMINGHAM BETTY LOU WILKINS IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, ar unknown) (if yes give war or dates of service) MEMORIAL HOSPITAL, CUMBERLAND, MD. cremotion. INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c),) burial-tronsit ONSET AND DEATH PART 1. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) valine Mem stane Disease DUE TO signed da Conditions, if only, which gove rise to immediate couse (a). DUE TO stating the underlying couse the r to has been last 05 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) NO this certificate ور 20o. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) be retained by the hospital OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER! 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. factory, street, office bldg., etc.) Not While of work O FUNERAL DIRECTOR: After ot work 19___, that (I) (we) lost 21. I certify that (I) (this haspital) attended the deceased from .. ta saw the deceased olive an. and that deoth occurred (at 450 M, from couses and on the date stated above 220 SIGNATURE 22b. DATE SIGNED DIRECTOR be filed ADDRESS 22c. PHYSICIAN'S Poge 4 moy NAME (Type) D. BRODEL 500 GREENE director, should b 23c NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION, DATE THEREOF PStote) - SEMOVAL (Subcity) Ce.etery Addison ADDRESS 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 2So REC'D BY REGISTRAR VR A15 (4)

MARYLAND STATE DEPARTMENT OF HEALTH



ARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND TII DEPT USUAL RESIDENCE (Where deceased lived, If institution, Residence before edinission 1. PLACE OF DEATH e. COUNTY B. STATI **b.** COUNTY ALLEGANY SOMERSET MARYLAND b. CITY OR TOWN (If outside corporete limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) RERLIN BROSTBURG DOA d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS IS RESIDENCE ON A FARM? refained R.D. A YES NO X ate MINERS HOSPITAL 3. NAME OF Middle 4. DATE Month ŝ DECEASED hours OF (Type or print) PHILLIP DEATH BITTNER 24, JUNE 19 66 wit 72 1 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED 9. AGE (In years | IF UNDER 1 YEAR) IF UNDER 24 HRS lest birthdey) Months Days Hours MALE within WHEN THO WIDOWED [DIVORCED . yrs. 10a. USUAL OCCUPATION (Give kind of work pue 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Siete or foreign equality) 12. CITIZEN OF WHAT COUNTRY Pages 1, 2 M3. Page done during most of working life, even if retirad) W.M. R.R. LABORER U.S.A. PENNSYLVANIA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME JAMES BITTNER EVA ACKERMAN 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. ENFORMANT Address (Yes, no, or unknym) | (Ifyes give we ror dates of service) with MRS. MARY BITTNER. BERLIN. PA. -10-6140 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN Office along burial-transit ONSET AND DEATH PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **DUE TO** Ö Conditions, if any, which cremation, gave rise to immediate cause **DUE TO** (e), steting the underlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 1 19. WAS AUTOPSY CERTIFICATION burial PERFORMED? K NO 17 О 200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED, (Enter neture of Injury in Part I or Part II of item 18.) 0 PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. prior Chief MEDICAL 20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) While Not While Hour e.m. al work et work certificate, p, m. CTOR: 21. I certify that I took charge of the remains described above, held an Autopsy Inspection X Inquiry and in my opinion SICAL. designated forwarded L DIRECT Natural causes X Homicide | death resulted from: Accident Suicide [Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER should be for SIGNATURE DEPUTY TARELIC Maddress (Street, city, town, or county) NAME (Type) A should be the 22c. NAME OF CEMETERY OR CREMATORY 228. BURIAL, CREMATION. 228. DATE THEREOF 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) June 27 05 EMFTERU BURTAL ERSDAZE 23. FUNERAL DIRECTOR VR A15ME JOSEPH R. DURST, SR., FROSTBURG, MD 5M 1/63

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH and 2 death. requires that the death certificate be executed within 24 hours after death the ottending physiciary and completely filled in by the funeral sit permit. Them before remove carbon papers. Pages I and PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) a. COUNTY a. STATE b. COUNTY papers. Pages I thin 72 hours after a ALLEGANY ALLEGANY MARYLAND b CITY OR TOWN (If auts de carparate limits, write RURAL and give nearest tawn) c LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) MT SAVAGE FROSTBURG: 4 WEE WERKS 6 IS RESIDENCE ON A FARM? d. STREET ADDRESS. within 72 FOUNDRY ROW MINERS HOSPITAL YES NO D Middle 3 NAME OF First Last 4. DATE Manth Year DECEASED ANNA BLANDOW JUNE 66 (Type or print) DEATH AGE 6 COLOR OR RACE DATE OF BIRTH n years 7 MARRIED NEVER MARRIED last birthday) Manths Haurs WHITTE WIDOWED DIVORCED TINKNOWN FEMALE 12. CITIZEN OF WHAT 10a USUAL OCCUPATION (Give kind of work done during most of working life, even if refired) 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) **COUNTRY?** II.S HOUSEWIFE GERMANY HOME 13. FATHER S NAME 14. MOTHER'S MAIDEN NAME SCHANNING UNKNOWN FRED 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT VELLE VERNON. PA. (Yes, no, or unknown) (If yes give war or dates of service) 5 NONE CROOKHAM 27 MAIN ST. ROBERT INTERVAL BETWEEN IB. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) signed by the burial-tronsit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY Acute brain syndrome IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave Circulatory disturbance / days rise to immediate cause (a), DUE TO stating the underlying couse os the prior to l by the hospital or attending has been Cerebral arteriosclerosis last. vears 19. WAS ALTOPS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? for use Heolth NO To O FUNERAL DIRECTOR: After this certificote 200 ACCIDENT WAS UNDERLYING 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detoched (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (State) 20c, TiME OF INJURY Month, Day, Year Hour a.m. factory, street, office bldg., etc.) While Not While at wark at work 2). I certify that (1) (this haspital) attended the deceased from Nov. 26. 19 66 70 June 21, 19 66that (1) (we) lost Page 4 may be retained saw the deceased alive on June 21, 19 66 and that death accurred at 120 M, fram causes and on the date stated above 22b. DATE SIGNED 22a. SIGNATURE ATTENDING STAFF PHYS DIRECTOR M.D 22d. ADDRESS 22c. PHYSICIAN'S director, "o NAME (Type) .Paige Strong Grantsville.Md 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23b. DATE THEREOF (County) (State) 230. BURIAL CREMATION. FROSTBURG MEM 1966

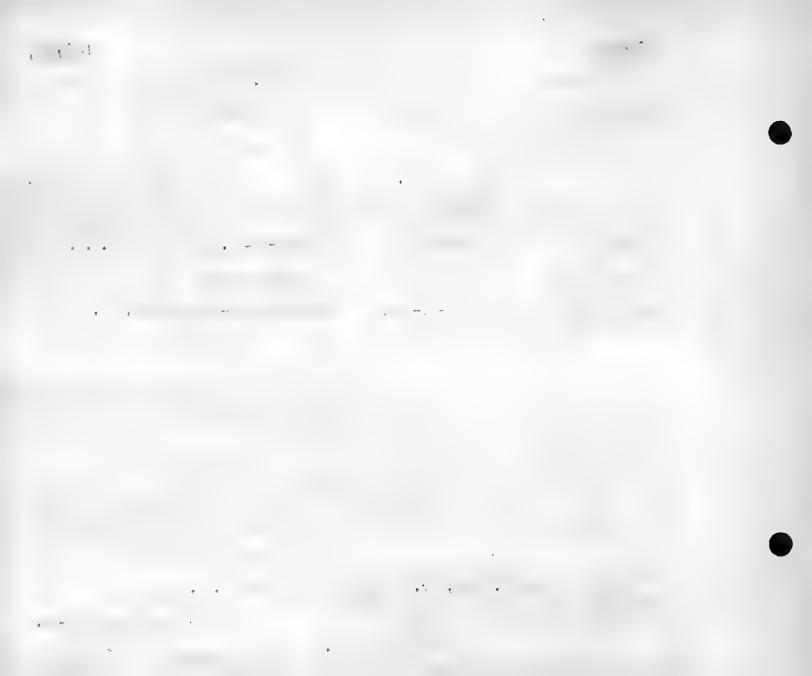


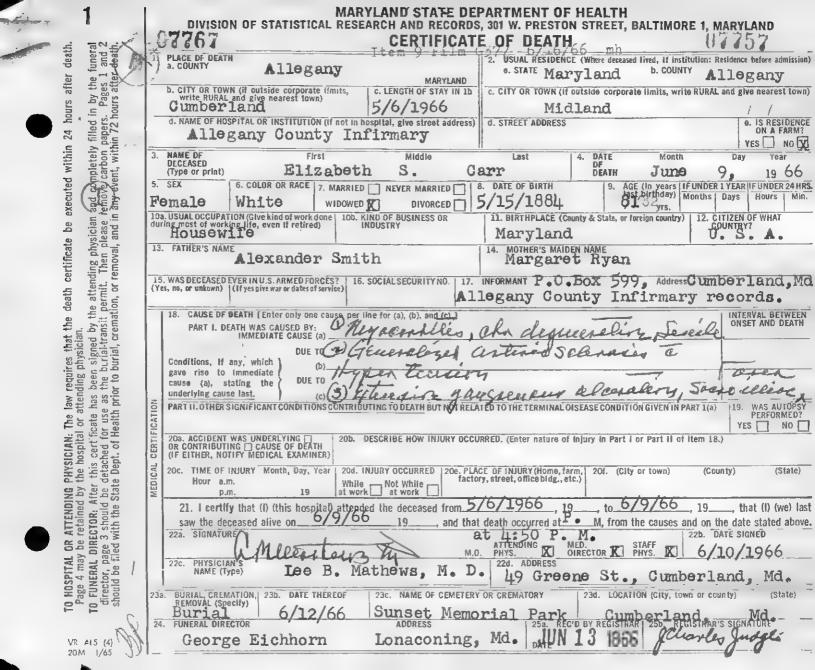
1	MARYLAND STATE DEPARTMENT OF HEALTHDivision of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE	1. MARYLAND
FOR STATE	765 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	07755
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relay Page State State hours a	Sacred Heart Hospital	YES NO V
ny del 2, and 143. the S 72 ho	IMP DF First Middle Last 4. DATE Month OF OF DEATH June 8	Day Year 19 66
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alconing and a second	ATHER'S NAME	
and	Herman Boyer Sarah Brant AS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address	
rat, rat,	No (If yes give war or dates of service) 705 09 5718 Ruth B. Boyer 324 W. Patric	Pa ot St. Somerse
ted within in pencil i	CAUSE OF DEATH [Enter only one cause par line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
Exa Exa ansit	PART I. DEATH WAS CAUSED BY: Sub-Arachnoid Hemorrhage	6 days
	onditions, if eny, which \ (a) Sclerotic Vascular Disease	o days
Pe exe Pendin Medica burial-tr	the class to immediate (b). DELETOTIC VASCULAT BISEASE DUE TO	
should "word " Chief N as a bi	nderlying cause last. (c).	
	ART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM INAL DISEASE CONDITION GIVEN IN PA	PERFORMED?
	Da. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 of Part 11 of 1	YES ND X
R. This certact, writin forwarded 3 should b agent, prio	RIMARY OF CONTRIBUTING AUSE OF DEATH.	
R: This cerate, writing forwarded 3 should the agent, pring	c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE DF INJURY (Home, farm, 20f. (City or town) factory, street, office bidg., etc.)	(County) (State)
INER Infication be to ed a	p.m. 19 at work et work	
₹52 . 43 E	21. I certify that I took charge of the remains described above, held an Autopsy, Inspection, Inquiry death resulted from: Natural causes, Accident Suicide, Homicide, Undetermined m	
te the control of the	death resulted from: Natural causes [X], Accident [], Suicide [], Homicide [], Undetermined m	anne,
its its	CTUAL CHARLES AND ASSISTANT MEDICAL EXAMINER [22. DATE SIGNED
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O DEPUTY Molease execution of Health	AME (Type) Address (Street, City, town, or county), UTD BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LDCATION (City, town REMOVAL (Specify)	
of definition of the second of	Rurial 6-11166 Beachdale Somerset Co.	
VR ALSME (5)	FUNERAL DIRECTOR ADDRESS 25a, 8EC'D BY REGISTRAR 25b, 8EC D BY REGISTRAR 25b,	istranis signature
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 67766 ond 2 deoth requires that the death certificate be executed within 24 hours after death. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY Allegany b. COUNTY Allegany bon popers. Poges 1 within 72 hours after MARYLAND CLENGTH OF STAY IN 16 b. CITY OR TOWN (If outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town). www.grantipolicest town) 30 yrs Westernport e. IS RESIDENCE ON A FARM? attending physicion and completely filled in permit. Then please removes orbin popers. d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS 420 Spruce 420 Spruce YES NO 3. NAME OF Eirst Middle 4 DATE Month Lost Dov Year DECEASED (Type or print) P. George Brode June 17 66 Beyent. DEATH 19 AGE (in years lost outhday) IF JNDER 24 HRS. S. SEX 6 COLOR OR RACE B. DATE OF BIRTH IF UNDER 1 YEAR 7 MARRIED **NEVER MARRIED** Dovs Male White Jan 22, 1904 DIVORCED WIDOWED 10a JSUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & Stote, or foreign country) 12 CITIZEN OF WHAT 10b KIND OF BUSINESS OR during most of working life, even if retired) Taveran Allegany-Md. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME cremotion, or removal, Concrad Brode Sophia Mason 17. INFORMANT IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address (Yes, no, or unknown) (If yes give wor or dotes of service) 220-07-6987 Mildred Brode-Westernport, Md. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter on y one couse per line for (o), (b), and (c)) signed by the buriol-transit p PART I DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO buriol Conditions, if ony, which gave rise to immediate couse (a). **DUE TO** stoting the underlying cause the has been lost. 19 WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) NO V YES O FUNERAL DIRECTOR: After this certificate ٥ 200 ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour a.m. Not While foctory, street, office bldg., etc.) ot work of work 21. (ettify that (1) (this hospital) attended the deceased from. . 19 19 6 that (I) (we) lost 1462 10 6-1 Page 4 moy be retained shauld 19 14, and that death occurred at 4:45 Definor couses and on the date stated above sow the deceased olive on_ 220. SIGNATURE 22b. DATE SIGNED ATTENDING STAFF M.D. DIRECTOR PHYS. PHYS. director, page should be filed 22d. ADDRESS 22c. PHYSICIAN S NAME (Type) Robert W. Bess. Jr. Piedmont, W. Va. 236 DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 230 BURIAL, CREMATION, (Stote) (County) **海科学学**员\$pecify) 6/20/66 Philos Westernport Allegany-Ma. 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS 2So. REC'D BY REGISTRAR Westernport, Md. 20 M 1/66







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TO HOSPITAL Poge 4 may 1 TO FUNERAL D director, pag should be file	230	NAME (TYPE) S. G. WEISMAN, BURIAL CREMATION, REMOVAL (Specify) JUNE 8.1966	M.D. 23c NAME OF CEMETERY OR	REMATORY 23d. LC	ST., CUMBERLAND, MD. CATION (City or Town) (Caunty) (State) JMBERLAND, MD.	
VR A15 (4)		FUNERAL DIRECTOR BYRON KIGHT	ADDRESS CUMBERLAND,	2Sq , REC D BY REGISTI		



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death the attending physician and completely filled in by the funeral sit permit. Then please remave carban papers. Pages 1 and in attendant, within 72 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) o. COUNTY ALLEGANY o. STATE b. COUNTY MARYLAND ALLEGANY MARY, AND b. CITY OR TOWN (If outside corporate limits. c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CUMBERLAND DAYS d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? 434 PINE MEMORIAL **AVENUE** HOSPITAL YES ио ₫ 3. NAME OF Middle 4. DATE Month Lost Year Dov DECEASED DAISY MAY DARR JUNE 66 (Type or print) DEATH 19 S. SEX IF UNDER 24 HRS. AGE (In years 6. COLOR OR RACE 7. MARRIED DATE OF BIRTH NEVER MARRIED lost_birthdoy) Months Doys Hours FEMALE COLORED 6-22-1898 WIDOWED DIVORCED 10b. KIND OF BUSINESS OR 100 JSUAL OCCUPATION (Give kind of work done 11 BIRTHPLACE (County & Stote, or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY MARYLAND 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME JOSEPH TRENT IRENE EDWARDS 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16 SOCIAL SECURITY NO (Yes, no, or unknown) ((If yes give wor or dotes of service) MEMORIAL HOSPITAL -CUMBERLAND, MD. crematian, INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) signed by the burial-transit p QNSET AND DEATH PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (6) DUE TO Conditions, if any, which gove rise to immediate cause (a), DUE TO stoting the underlying couse Page 4 may be retained by the haspital ar attending as the priar to has been last. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO | YES this certificate j 20o ACCIDENT WAS UNDERLYING [3] 205 DESCRIBE HOW INJURY OCCURRED, (Enter noture of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Doy, Year (City or town) (County) (Stote) Hour o.m. factory, street, office bldg., etc.) Not While O FUNERAL DIRECTOR: After 21. I certify that (I) (this hospital) attended the deceased from 19.65thot (I) (we) lost 3 shauld with the 2-19 6 6 and that death accurred at 6:55M, from Youses and on the date stated above. sow the deceased alive on. 22o. SIGNATURE 22b. DATE SIGNED **ATTENDING** DIRECTOR PHYS 22d. ADDRESS 22c PHYSICIAN S 236 DR. CLAY DURRET VIRGINIA AVE .. CUMBERLAND, MD. NAME (Type) F director, shavid BURIAL, CREMATION DATE THEREOF NAME OF CEMETERY OR 23b LOCATION (City or Town) (Stote) REMOVAL (Specify) ADDRES5 REGISTRAR'S SIGNATURE FUMERAL DIRECTOR 250 REC'D BY REGISTRAR VR A15 (4) 1966



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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) e. COUNTY b. COUNTY ALLEGANY MARYLAND ALLEGANY MARYLAND Department after death CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b FROSTBURG FROSTBURG. RT. 1. D O A d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE DN A FARM? State hours MINERS HOSPITAL NO L 3. NAME OF First DATE Month Day DECEASED OF DEATH 19 66 23. JOHN DAVIS JUNE (Type or print) 6. COLOR OR RACE | 7. MARRIED 8. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last birthdey) Months I Days Hours I Min NEVER MARRIED Pages Months Dovs Hours DIVORCED THEB. MALE 14. 1908 WHITE WIDOWED 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? SELF-EMPLOYED FARMER U.S.A OWN FARM MARYLAND 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME EXAMINER: This certificate should be executed within 24 houng certificate, writing the word "pending" in pencil in Item should be forwarded to the Chief Medical Examiner's Office JOHN DAVIS FLORENCE BUCKALEW 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address BOX 85. (Yes, no, or unknown) , (If yes give war or dates of service) 220-34-1545 MRS. EDNA DAVIS, RT. 1. FROSTBURG. MD. INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), PART I, DEATH WAS CAUSED BY: burial-transit IMMEDIATE CAUSE (a) cremation, DUE TO Conditions, if any, which gave rise to immediate DUE TO couse (a), stating the underlying cause last. used as to burial, PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119. WAS AUTOPSY CERTIFICATION PERFORMEO? NO X YES | 3 should be agent, prior 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. MEDICAL 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home. farm.) (County) (State) 20c. TIME OF INJURY Month, Day, Year 20f. (City or town) factory, street, office bldg., etc.) Hour e.m. While - Not While at work at work Inquiry X. 21. I certify that I took charge of the remains described above, held an Autopsy Inspection X. and In my opinion FUNERAL DIRECTOR: Health or its design Suicide Undetermined manner Accident Homicide Natural causes M. CHIEF MEDICAL EXAMINER for your ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE unc 23, 1966 **EXAMINER'S** Address (Street, city, town, or county)RD9, CUMBERLAND, MD. BENEDICT SKITARELIC. M. D. retained NAME (Type) 23d. LOCATION (City, town or county) 23c. NAME OF GEMETERY OR CREMATORY BURIAL, CREMATION. 23b. OATE THEREOF REMOVAL (Specify) 0 ECKHART CEMETERY ECKHART. MD. BURTAT. JUNE 25. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE ADDRESS 25a. 24. FUNERAL DIRECTOR VR ALSME (5) JOSEPH R. DURST, SR., FROSTBURG, MD. DATE



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07774 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution Residence before admission o COJNTY o. STATE b COUNTY Allegany 2, and 3 ta PM3. Page Maryland Allegany MARYLAND b CITY OR TOWN (If outside corporate limits c LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate in its write RURA, and give recrest town) Oldtown 11 months el melella rel e. IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS haurs (in Item 18. Give Pages 1, r's Office alang with farm D.O.A. Memorial Hospital YES 🗔 NO D 24 haurs after death First Middie 4 DATE Month 1204 Doy Year within 72 DECEASED June 66 Davis 21 Dale (Type or pnnt) Roger DEATH 19 IF UNDER 1 YEAR IF UNDER 24 HRS 8 DATE OF BIRTH 9 AGE (In years S SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED X lost birthdoy) Months Hours Doys July 1, 1965 White W-DOWED. DIVORCED MOS event Male gug 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUS NESS OR 11 BIRTHPLACE (State or fore an country) 12 CT ZEN OF WHAT during most of working life, even il retired) INDUSTRY Cumberland, Md. none none e, writing the ward "pending" in pencil in farwarded to the Chief Medical Examiner's pencil 14 MOTHER'S MAIDEN NAME 13 FATHER'S NAME Jefferson Davis be executed with Margaret Gross 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no. or unknown) (If yes give wor or dotes of service) 17 INFORMANT 16 SOCIAL SECURITY NO. Address Jefferson Davis, Oldtown, Md.-Father or remov 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c)) INTERVAL BETWEEN 2 ONLE AND DEATH burial-transit PART I. DEATH WAS CAUSED BY: Lobar Pneumonia. Left IMMEDIATE CAUSE (o) This certificate should crematian, DUE TO Conditions, if any, which gove rise to immediate couse (a), DUE TO stoting the underlying couse burial, PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1(o) 19 WAS AUTOPSY PEREORMED? Congenital Heart Disease 0 200 EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port II at item 18) PRIMARY I or CONTRIBUTING I should CAUSE OF DEATH 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form (City or town) (Stote) 20c TIME OF INJURY Month, Day Year Not While factory, street, office bldg , etc) may be retained for your FUNERAL DIRECTOR: Page at work ot wark 21. I certify that I taok charge of the remains described above held an Autopsy [X] Inspect on X Inquiry X, and in my apinian the funeral directar. Natural causes X. Suicide . Homicide Undetermined manner death resulted from: Accident CHIEF MEDICAL EXAMINER June 21,196@. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE A DEPUTY MEDICAL EXAMINER Health ar **EXAMINER'S** Rt.9, Cumberland Dr. Benedict Skitarelic, M.D. Address (Street, city, town, or county) 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) BURIAL CREMATION. 23b. DATE THEREOF (County) (Stote) 0 BUT Specify) June 22,1966 Oliver Grove Cemetery Oldtown. Md. Allegany 256 REGISTRAR'S SIGNATUR ADDRESS 24 FUNERAL DIRECTOR 2So REC'D BY REGISTRAR James F. Scarpelli. Cumberland. Md. VR A15ME (5) 1966 6M 1766

5-1886

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07775 CERTIFICATE OF DEATH death requires that the death certificate be executed within 24 haurs after death on and completely fuled in by the funeral ase, temave carbon papers. Pages 1 and 2 USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission PLACE OF DEATH o. COUNTY o. STATE b. COUNTY MARYLAND ALLEGANY ALLEGANY b. CITY OR TOWN (if outside carparate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) MT SAVAGE CHMBERTAND d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street podress) d STREET ADDRESS e IS RESIDENCE ON A FARM? YES 🗍 NO X COLUMBIA AVE. SACRED HEART HOSPITAL 3. NAME OF Middle 4. DATE Month Year DECEASED DEATH (Type or print) ATMA DEAN AGE (In years IF UNDER ! YEAR IF UNDER 24 HRS S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED lost pirthday) Months Davs DIVORCED 当ちにも大きため FEMALE WHITTE 10o. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR during most of working life, even if retired) COUNTRY S A INDUSTRY ALLEGANY CO., MARYLAND 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME signed by the attending phy burial-transit permit. Then burial, cremation, or removal MARGARET ELLEN FLOOD JOHN LYNCH LYNCH, COLUMBIA AVE, MT SAVAGE S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT MISS RESELLA (Yes, no, or unknown) (If yes give war or dates of service 214-07-3214 INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY. ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gave rise to immediate cause (a), DUE TO stating the underlying couse the O FUNERAL DIRECTOR: After this certificate has been PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) WAS AUTOPSY PERFORMED? rocular Gochert NO [20g ACCIDENT WAS UNDERLYING 205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, farm, 20f. (City or town) (County) (State) 20c TIME OF INJURY Month, Day, Year factory, street, affice bldg., etc.) Not While at wark 21. I certify that (I) (this hospital) attended the deceased from. 19 Coand that death occurred at 500 M, from couses and an the date stated above. director, page 3 should should be filed with the saw the deceased olive an 22b. DATE SIGNED 220 SIGNATURE STAFF PHYS M.D DIRECTOR 22d ADDRESS 22c. PHYSICIAN'S NAME (Type) 153 N CENTER ST CUMBERLAND . MARY LAND 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION 23b. DATE THEREO (County) (Stote) REMOVAL (Specify)
Burial Md. St Patrick's Catholic Cem Mt. Sabage, Alleg 25b. REGISTRAR'S SIGNATURE 250 REC'D BY REGISTRAR 230 Balto AVE. Cumberland.



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 07766 requires that the death certificate be executed within 24 haurs after death. the attending physician and campletely filled in by the funeral sit permit. Then please remave carban papers. Pages I and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) o. COUNTY a. STATE **b.** COUNTY ALLEGANY CO. MARYLAND c. LENGTH OF STAY IN 16 b CITY OR TOWN (f outside corparate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) within 72 hours CUMBERLAND vears e. IS RESIDENCE ON A FARM? d. STREET ADDRESS OR INSTITUTION (If not in hospital, give street oddress) (414) × 414 SPRINGDALE MEMORIAL HOSPITAL NO PH NAME OF 4 DATE First Last DECEASED DELLUMO SISTO JUNE 1966 DEATH 9. AGE (In years B. DATE OF BIRTH S SEX 6 COLOR OR RACE 7 MARRIED V NEVER MARRIED "thday) Manths Days Hours MALE WHITE WIDOWED IDa IISHA, OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR (Caunty & State, or foreign 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? RAILROAD ITALY -Rome RETIRED 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME remaya UNKNOWN Pasquale Dellumo Maria Josepha UNKNOWN 17. INFORMANT Address IS WAS DECEASED EVER IN ... S ARMED FORCES? 16 SOCIAL SECURITY NO (Yes, na, ar unknawn) (If yes give wor or dates of service MEMORIAL HOSPITAL. CUMBERLAND. MD. INTERVAL BETWEEN IB. CAUSE OF DEATH (Enter only one couse per line-for (a), (b), and (c).) burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Canditians, if ony, which gove rise to immediate couse (a), DUE TO stating the underlying couse be retained by the haspital ar attending O FUNERAL DIRECTOR: After this certificate has been last WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) NO b 200 ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part 1 or Port 11 of item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20e, PLACE OF INJURY (Home, form, (City ar town) (County) (State) 20c TIME OF INJURY Month, Day Year 20d INJURY OCCURRED Hour a.m. factory, street, affice bldg , etc.) at wark at work 21. I certify that (1) (this haspital) attended the deceased from Cluber 14.19 66, ta VEC-14 saw the deceased alive on Toward 1916, and that death accurred at 9:15 MMram causes and an the date stated above. 220_SIGNATURE 22b. DATE SIGNED **ATTENDING** DIRECTOR 22d. ADDRESS 22c. PHYSICIAN S NAME (Type) 414 N.MECHANIC ST., CUMBERLAND DOERNER director, 23d. LOCATION (City or Town) 23b DATE THEREOF NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION 230 BIT REMOVAL (Specify) June 17,196 St. Mary's Cemeters Cum erland, Mg. Allegany 2Sb. REGISTRAR'S SIGNATURE ADDRESS 2So REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) Miaries James F. Scarnelli, Cumberland, Md.



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE ALTH DEPT I. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) p. COUNTY o STATE **b** COUNTY 2, and 3 to PM3. Page JO. death. Alleghny, MARYLAND Maryland Allegany delay Department b CITY OR TOWN (1 outs de corporate limits, write RURAL and give nearest town) c JENGTH OF STAY IN 16 c CITY OR TOWN (f outside corporate limits, write RJRAL and give nearest town) after Cumberland Cumberland vears d NAME OF HOSP TAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENCE along with form 72 hours Sacred Heart Hospital Item 18, Give Pages ate Valley Road YES T NO TE hours after death. 3 NAME OF Middle DATE 5 Year DECEASED the within (Type or print) Melvin 1966 Harry Deter. Jr. DEATH June with 1 S SEX 6 COLOR OR RACE DATE OF B RTH 9. AGE (In years F JNDER 24 HRS 7 MARRIED NEVER MARRIED 7-14-21 (1921) ist burthdov) Hours Male White WIDOWED DIVORCED Office event gud 1Do USUA, OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired)
Switch Operator INDUSTRY COUNTRY? 24 Power Co. Utility YHO .⊆ odes Cumberland, Md TIGA 14. MOTHER'S MAIDEN NAME within Dencil 13 FATHER'S NAME ⊆ Harry M. Deter. Sr. Evelvn Campbell and .= IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Address be executed 16. SOCIAL SECURITY NO pending" i permit. (Yes, no, or unknown) (If yes give wor or dates of service) Chief Medical or removal, 217-18-4241 Mrs. Betty Deter, Cumberland, Md. -Wife 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) INTERVAL BETWEEN **burial-transit** SUDDEN DEATH PART I, DEATH WAS CAUSED BY CORONARY OCCLUSION IMMEDIATE CAUSE (o) word 420 This certificate should cremation, DUE TO forwarded to the CORONARY SCLEROSIS WITH THROMBOSIS *** Conditions, if ony, which gove writing the rise to immediate couse (a), DUE TO stoting the underlying couse 0 20 buriol, nsed PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1(o) WAS AUTOPSY PERFORMED? the certificate, YES 🕌 NO þe prior to 2Do EXTERNA, CAUSE WAS 20b DESCRIBE HOW INJRY OCCURRED. (Enter noture of injury in Port I or Port II of Item 18.) 3 should PRIMARY CONTRIBUTING C should EXAMINER: CAUSE OF DEATH agent, I MEDICAL 2Dx TIME OF IN. JRY Month, Doy, Year 2Dd INJURY OCCURRED 2De PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour om. While Not While foctory, street, office bldg., etc.) FUNERAL DIRECTOR: Page ot work please execute at work its designated 21 I certify that I took charge of the remains described above, held on Autopsy ... Inspection 🕦 Inquiry ## and in my opinion funerol director. Natural causes death resulted fram: Accident Suicide Hamicide Undetermined manner retained CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL FXAMINER SIGNATURE O DEPUTY moy be June 29, 1966 DEPUTY MEDICAL EXAMINER Health or EXAMINER'S Address (Street, city, town, or county Sumberland, Md. Benedict Skitarelic. M.D. the 23c NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION 23b DATE THEREOF 23d LOCATION (City or Town) (County) (Stote) 0 40 BUREMOYAL (Specify)

Greenmount Cemetery

ADDRESS

F. Scarpelli, Cumberland, Md.

Cumberland

1966

2So. REC D BY REGISTRAR

DATE,

2Sb. REGISTRAR'S SIGNATURE

July 2,1966

VR A15ME (5) 6M 1/66

24 FUNERAL DIRECTOR

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 117768 in 72 haurs after death 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission)). PLACE OF DEATH requires that the death certificate be executed within 24 haurs after deat filled in by the fugera papers. Pages 1 and · COUNTY LEGANY MARYLAND c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corparate limits, write RURAL and give nearest tawn) b CITY OR TOWN (If autside corparate imits, WILE BURBELLINE TANDIOME) 14 DAYS Rt. FLINTSTONE d STREET ADDRESS d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) e IS RES DENCI ON A FARM MEMORIAL HOSPITAL Murley's Branch YES M NO Middle 4 DATE 3 NAME OF First Lost Day Year DECEASED IRAD HENRY DOLLY JUNE 19 66 (Type or print) DEATH burial, crematian, or remaval, and in any event IF LINDER 1 YEAR IF UNDER 24 HRS 9. AGE (In years S SEX DATE OF BIRTH 6 COLOR OR RACE 7 MARRIED NEVER MARRIED Months Doys Haurs 1909 MALE WHITE WIDOWED **DIVORCED** 12 CITIZEN OF WHAT 100 USJAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR 31 BIRTHPLACE (County & State, or foreign country) U CONTRY? during most at working life prompt retired) VIRGIN WEST Tire. 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME Lucian !! Belindan NELSON DOLLY 17. INFORMANT 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO (Yes, no ar unknown) (If yes give war or dates of service) MEMORIAL HOSPITAL 212-12-8510 INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per two far (a), (b), and (c)
PART I DEATH WAS CAUSED BY. signed by the burial-transit p ONSET AND DEAT IMMEDIATE CAUSE (a) Page 4 may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by **DUE TO** Conditions, if any, which gove rise ta immediate cause (a). DUE TO storing the underlying couse as the lost. 19. WAS AUTOPSY PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) of Health p PERFORMED? NO 205. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of Item 18.) 206 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or town) (State) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f. (County) 20c. TIME OF INJURY Manth, Day, Year factory, street, affice bldg., etc.) Not While at work at work 21. I certify that (I) (this hospital) oftended the deceased fram (66, 19 , that (1) (we) last M. fram causes and an the date stated above. and that death accurred at saw the deceased alive an___ 220 SIGNATURE 22b. DATE SIGNED M.D. DIRECTOR PHYS. director, page 3 shauld be filed v PHYS 22d. ADDRESS OVERTON CUMB. MD. HIMMELORIGHT VIRGINIA AVE. DR. G. NAME (Type) 23d. LOCATION (City or Town) 23a BURIAL, CREMATION, REMOVAL (Specify) 23c NAME OF CEMETERY OR CREMATORY (County) (State) 23b. DATE THEREOF Md. 6/8/66 Cumberland, Allegany Davis Memorial Park 2Sb. REGISTRAR'S SIGNATURE 2Sa. REC'D BY REGISTRAR 24 FLINERAL DIRECTOR VR A15 (4) 20 M 1/66 H. Waune George Cumberland, Maryland



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death. by the funeral Pages 1 and 3 2 USUAL RESIDENCE (Where deceased fixed, if institut on Residence before admission) deat PLACE OF DEATH o. COUNTY o. STATE b. COUNTY ALLEGANY MARYLAND MARYLAND ALLEGAMM c LENGTH OF STAY IN 16 c CITY OR TOWN (If gutside corporate limits, write RURAL and give negrest town) b CITY OR TOWN (if autside carparate limits, and give negrest town) 2 DAYS CUMBERLAND d. NAME OF HOSPITA. OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS e IS RESIDENCE ON A FARM? SACRED HEART HOSPITAL PATTERSON YES NO X 4 DATE pou NAME OF First Middle Lost Manth Dav Year DECEASED 0F ROSELLA MMI 19 (Type ar print) FARRETT DEATH 9. AGE (In years IF UNDER 1 YEAR IF LINDER 24 HRS S SEX A DATE OF RIRTH 6 COLOR OR RACE 7. MARRIED NEVER MARRIED lost birthday) Months Davs Hours WIDOWED T DIVORCED PRMALE WH TUE 10b. KIND OF BUSINESS OR 12 CITIZEN OF WHAT 100 LSUAL OCCUPATION (Give kind of work done 1) BIRTHPLACE (County & State or foreign country) COUNTRY? ease during mast all warking life, even if retired) INDUSTRY. Housevike Own home Mount Savage. Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Catherine Farrell Angus McAtee attending p IS WAS DECEASED EVER IN L.S. ARMED FORCES? 16. SOCIAL SECURITY NO I. Vrs. James E. Kelly 539 Patterson (Yes, no, or unknown) (if yes give wor or dates of service) PATIENT'S CHART None Cumb. No. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter any one cause per line for (a), (b), and (c)) fronsit PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) signed by DUE TO burial-t burial. Canditions, if any, which gave rise to immediate couse (a). DUE TO stating the underlying couse os the prior to has been fast. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? etached for use Dept. of Health Oncurra O FUNERAL DIRECTOR: After this certificate 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 200 ACC DENT WAS UNDERLYING [1] OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (State) 20c. TIME OF INJURY Manth, Day, Year foctory, street, office bldg., etc.) Nat While at wark 21. I certify that (1) (this haspital) attended the deceased from 6-25-1, 1 saw the deceased olive on 2-26-1966, and that death accurred at 1966 10 1966, that (I) (we) lost saw the deceased olive on_ M, fram causes and an the date stated above. 22b. DATE SIGNED 22a, SIGNATURE STAFF PHYS DIRECTOR M.D. filed 1 director, page should be filed 22d. ADDRESS 22c PHYSICIAN'S NAME (Type) DR. L. BRINGS Greene St. Cumberland. 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Tawn) 23a BURIAL, CREMATION, REMOVAL (Specify) 23b DATE THEREOF (County) (State) St. Patrick's Cemeteru Mt. Savige. Md. 6/29/66 FUNERAL DIRECTOR 2Sb. REGISTRAR'S SIGNATURE ADDRESS 250 REC'D BY REGISTRAR Ochonley Judge DATE H. Wayne George Cumberland.

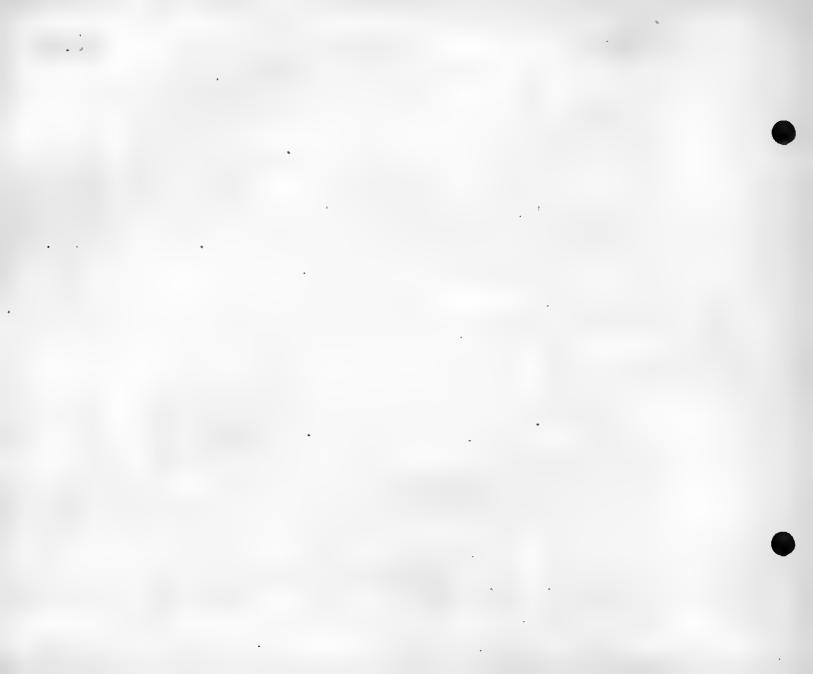
MARYLAND STATE DEPARTMENT OF HEALTH



PRESTON STREET, BALTIMORE 1, MARYLAND DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution; Residence before edmission) a, COUNTY e. STATE b. COUNTY ALLEGAN MARYLAND b. CITY OR TOWN (if outside corporate limits, E. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) FROSTBURG. FROSTBURG d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? HOSPITAL 268 YES NOT 3. NAME OF Middla DATE Month OF (Type or print) DEATH 1966 THOMAS JUNE 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED lest birthday) Months MALE WIDOWED [DIVORCED physician гетоме 10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY or fore gn country) done during most of working life, even if ratired) RETIRED MECHANIC FROSTBURG. 43. FATHER'S NAME MOTHER'S MAIDEN NAME FRANCIS FLANAGAN CARNEY CATHERINE 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17, INFORMANT FRUSTBURG. (Yas, no. or unkown) | [[fyes give war or dates of service] FLANAGAN, 268 EAST 18. CAUSE OF DEATH (Enter only one cause per line tor (e), (b), PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which {b) geva rise to immadiate causa **DUE TO** (a), stating the underlying ceusa last PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS WAS AUTOPS' PERFORMED? CERTIFICATION NO 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part I or Part II of Item 18 20a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING [] CAUSE OF DEATH HE EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY 20d, INJURY OCCURRED 20e. PLACE OF INJURY (Homa, form, ' 20t. (City or fown) (County) (Stata) Month, Day, Yaar factory, street, office bldg., etc.) While Not While Hour a.m. at work 1966 to.6. -/4- 19.64, that (I) (wa) last .196. 2..., and that death occurred at 10 AM, from the causes and on the date stated above. saw the deceased alive on. 22b. DATE 22a. SIGNATURE SIGNED DIRECTOR PHYS, ADDRESS 22c. PHYSICIAN'S NAME (Typa) (Stata) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION. 市品 0 16.1966 25b. REGISTRAR'S Cibelal HAFER **VR A15 (4)** 1SM 7 62



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07781 CERTIFICATE OF DEATH The B The law requires that the death certificate be executed within 24 hours after death and completely filled in by the funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased fived, if institution Residence before admission) b. COUNTY o. COUNTY ALLEGANY MARYLAND yon papers Pages J. w thin 72 hours after b CITY OR TOWN (foutside corporate limits, CLENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) FROSTBURG DAYS d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e IS RESIDENCI ON A FARM RT. 2. BOX 139 MEMORIAL HOSPITAL YES NO [3. NAME OF 4 DATE First Year OF DEATH DECEASED AL I CE FILER 1966 JUNE (Type or print) B. DATE OF BIRTH 9. AGE (in years S SEX 6. COLOR OR RACE 7 MARRIED X **NEVER MARRIED** lost berthdoy) Months Dovs Hours FEMALE WHITE 10-15-1908 WIDOWED DIVORCED 10o USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT COUNTRY? INDUSTRY ECKMART. MD. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME WALTER MAG PORTER MARY BRUNER 15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no. or unknown) (if yes give wor or dates of service) 16 SOCIAL SECURITY NO 17. INFORMANT Address MEMORIAL HOSPITAL. CUMBERLAND, MD. INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c),) signed by the burial-tronsit p PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Page 4 moy be retained by the hospital or ottending physician. DUE TO Conditions, if any, which gove rise to immediate couse (a), DUE TO stoting the underlying couse as the WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(c) for use NO 205 DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of Item 18.) 2Do ACCIDENT WAS JNDERLYING I OR CONTRIBUTING CAUSE OF DEATH detoched (IF EITHER, NOTIFY MEDICAL EXAMINER 2De PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20d. INJURY OCCURRED 20c. TIME OF INJURY Month, Dov. Year foctory, street, office bldg., etc.) Not While ot work 21. I certify that (I) (this haspital) attended the deceased fram saw the deceased glive on 6/10/66 19 ond the saw the deceased alive on and that death accurred af M, from causes and on the date stated above. 220. SIGNATURE MED DIRECTOR STAFF PHYS. M.D. director, poge 3 should be filed 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) O. FI MMELWRIGHT VIRGINIA AVE 23r NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE THEREOF (County) (Stote) 230 BUR!AL, CREMATION, BUR IA (Specify) FROSTBURG. MD. 6-13-66 FBG. MEMORIAL PARK 25o. REC D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 Milianelly JOSEPH R. DURST, SR., FROSTBURG, MD.



ŀ	67782	CERTIFICATE	OF DEATH		02
1.	PLACE OF DEATH		2. USUAL RESIDENCE	E (Where deceased lived, if Inst	
	Allegany	Maryland	Mary	land All	egany
	b. CITY OR TOWN (if outside corporata l.mits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (II	outside corporate limits, write R	URAL and give neers
	Rural Paw Paw. W. Va	Years	Rural	L Paw Paw W. Va	La
	d. NAME OF HOSPITAL OR INSTITUTION (if not i	in hospital, give street eddress)	d. STREET ADDRESS		1 *-
L	Route 1		Re	oute 1	γ.
3.	NAME OF DECEASED	Middle		4. DATE Month	Day
	(Type or print) Marv	Ellen	Gillam	DEATH Jume	7
5	CPM CONTRACTOR CONTRAC	and the first of the same	. DATE OF BIRTH	9 AGE (In years IF	UNDERTYEAR, IF
			nn 100n	last birthday) // 以rs.	Aonths Days H
10	a. USUAL OCCUPATION IGive kind of work	Db. KIND OF BUSINESS OR INDUSTR	Feb. 20, 1882	UAL	1 12. CITIZEN OF W
d	one during most of working life, even if relirad)				
13	Housewife FATHER'S NAME		Allegany (Co. Maryland	USA
	Thomas Do		III. MOTHER S MAIDENT	rine .	
-	工作的编辑等证的设施。 - WAS DECEASED EVER IN U.S. ARMED FORCES?		Rose A		
Ö	es, no, or unkown) (lives givewar or dates of service)	16. SOCIAL SECURITY NO. 17. I	NFORMANT	Address	
-	No.	233-09-3365 Jos	seph E. Gillar	n, Route 1, Paw	Paw, W.
	18. CAUSE OF DEATH Enter only one cause	per line for (a), (b), and (c).]	1		INTERV
	PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6)	Sphyxiati	CA		5,
	4 = 4 1 DUE TO	1 / / /			
	Conditions, if any, which \ (b)_	ydrestatic	PROUME	dia	190
	(a), stating the underlying DUE TO	/.	. / /	_ /	
	causa last.	choostive.	Hoxit Fo	Tilura	21
ATION	PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINA	AL DISEASE CONDITION GIVEN	I IN PART I(a) 19.
Į					YES
HEC	20a. ACCIDENT WAS UNDERLYING 20b	DESCRIBE HOW INJURY OCCURRE	D (Enter pature of injury in I	Part I or Part II of item 18.)	
CERTI	OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
AL		2Dd. INJURY OCCURRED 2De. PLA	CE OF INJURY (Home, farm,	20f. (City or town)	(County)
MEDICAL	Hour a.m.	WhileNot Whila fact	ory, street, office bldg., atc.)		
] 2	7	of work el work	-13/		
	21. I certify that (i) (this hospital) a			866 10	
	saw the deceased alive on	196 and that	death occurred at a	MM, from the causes an	d on the date s
	22+. SIGNATURE		ATTENDINGM		
	1771111111	and a	DO PHYS. DI	RECTOR PHYS.	
			22d. ADDRESS	1	- 1
	22c. PHYSICIAN'S NAME (Type)	10:00-	220. 100000	11.	1 / 11.
		Jones of	PAWI	124	W.VZ
2:	NAME (Type)	JONES QUE	OR CREMATORY	23d. LOCATION (City, town	
2:	NAME (Type) B. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)		OR CREMATORY	23d. LOCATION (City, town Oldtown, Ma	
_	NAME (Type) B. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)		or crematory	, ,,	ryland
_	NAME (Type) B. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) Burial June 4, 19	66 Oldtown Cemet	OR CREMATORY LOTY 256. REC'I	Oldtown, Ma	ryland



MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, RALTIMORE, MARYLAND, 21201

0	7783		MED	ICAL EXAMINER	? '\$	CERTIFICATE O	F DEATH		0.7	773	}
	ACE OF DEATH		-				Vhere deceased lived, if inst		tesidence befo	ore odmissio	on)
0.	o. COUNTY Allegany		ıy	MARYLAN	D	o state Mar	yland	OUNTY	Alle	gany	
Ь	b CITY OR TOWN (If outside corporate limits, c LENGTH OF ST. write RURAL and give nearest town)					C CITY OR TOWN (F ou	tside corporate imits, write	RURAL OF	nd give neore	est town)	
	Cumberland			68 years		Cumberland			1 /		
d	NAME OF HOSP TO	AL OR INSTITUTION (H	iot in hospitol, g	ive street oddress)		d STREET ADDRESS				e S RESID	
_ I	Memoria:	l Hospita	L			129	Offutt Str	eet			NO E
	AME OF		r <u>5</u> 1	Middle		Lost	0.0	Aonth	Do		
(T ₁	pe or print)		ith	Alvina		Gordon	DEATH	une	6		66
S. SE	X	6 COLOR OR RACE	7 MARRIED	NEVER MARRIED] [B. DATE OF BIRTH	9 AGE (In year	s IF L	INDER 1 YEAR This Dovs	IF UNDER	R 24 HRS Min
	emale	White		D.VORCED [March 29,					7111
100 U	SUAL OCCUPATION	(Give kind of work don life, even if retired)		ND OF BÜSINESS OR DUSTRY		11 B RTHPLACE (Stote			12 CITIZEN C		
	House			wn Home		Everet			COURY	f.	
13. F	ATHER'S NAME					14. MOTHER'S MAIDEN I					
		Elias Cla					h C. Price				
Yes,	VAS DECEASED EVE no, or unknown) 11 O	R NUS ARMED FORCES (If yes give wor or dotes	of service)	SOCIAL SECUR TY NO		nformant , William K	. Gordon, C	ddress umbe	erland	Md.	
	B. CAUSE OF DE	ATH (Enter only one co	use per line for	(o), (b), ond (c).)						TERVAL BET	
	PART I DEAT	'H WAS CAUSED BY: IMMEDIATE CAUS	(o)	SHOCK					* 8	NSET, AND D	rs
	7 / 7		E 10								
	onditions, if any, isa to immediate		(b)	SECOND A	ND	THIRD DEG	REE BURNS				
	toling the under		E 10	OF 9:	5%	OF BODY			6	Hou	rs
<u>k</u>	ast .	,	(c)								
CERT FICATION	PART II OTHER SI	GNIFICANT CONDITIONS	CONTRIBUTING T	O DEATH BUT NOT RELATED) TO T	HE TERMINAL DISEASE CON	IDITION GIVEN IN PART 1(0))		WAS AUTO PERFORM VES XX	OPSY ED?
Ĕ	Og EXTERNAL CA	NAL CAUSE WAS		SCRIBE HOW INJURY OCCUR	RED	Enter nature of injury in l	Part I or Part II of item 1B)			
~ [RIMARY OF COM	TIKIDOTING	(Set self	o n	fire with	gasoline))			
MEDICAL	Oc. TIME OF INJU	RY Month, Doy, Year			P.AC	E OF INJURY (Home, form	, 20f (City or town)	(County)	((Stote)
¥ .	l 1:30 pm	June 6 19	66 While of work	Not While of work	H	ory, street, office bldg., etc.) OM C	Cumberla	nd.	Alle	g. N	id.
	21 Certify	that I taok char		nains described abave				nguiry		d in my	
	death result	ed fram: Natu	of causes	Accident .	Suice	de Stry Hamicide				,	•

ACTUAL **EXAMINER'S** Skitarelic, M.D.

CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ___

Address (Street, city, town, or county)

DEPUTY MEDICAL EXAMINER

22. DATE SIGNED Cumberland

(Stote)

NAME (Type) BUR AL CREMATION, REMOVAL (Specify) Burla 236 DATE THEREOF June 8,1966 June

23c. NAME OF CEMETERY OR CREMATORY Davis Memorial Cemeter

23d LOCATION (City of Town)

REGISTRAR'S_SIGNATURE

Cumberland, Md. Allegany

(County)

Rt.9

VR A15ME (5) 6M 1/66

24 FUNERAL DIRECTOR Scarpelli, Cumberland, Md.

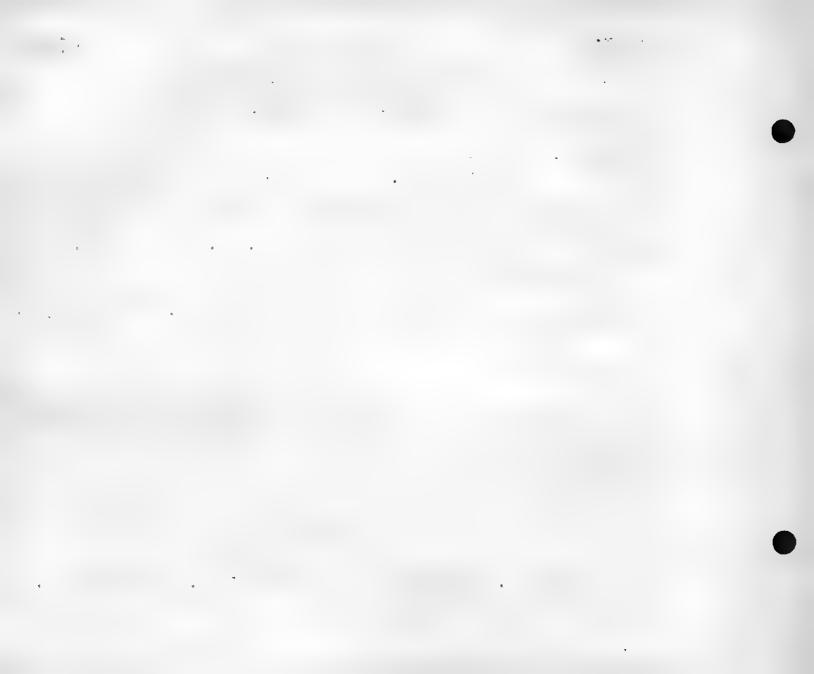
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AND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admiss an a. COUNTY **b.** COUNTY Allegany MARYLAND Maryland llegany b CITY OR TOWN (if outside corporate I mits, E LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) write RURAL and give nearest town] Cumberland
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Cumberland d. STREET ADDRESS . IS RESIDENCE ON A FARM? Sacred Heart James Street YES NO DATE Month DECEASED OF (Type or print) DEATH 19 66 Charles June Green 6 COLOR OR RACE 7, MARRIED NEVER MARRIED DATE OF BIRTH AGE (In years HE UNDER 1 YEAR IF UNDER 24 HRS. last birthday) W DOWED [Male IDB. KIND OF BUSINESS OR INDUSTRY II B RTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working I te evan if retired) Cumb. Country Club Cumberland Maintinance 13. FATHER'S NAME 1 14. MOTHER'S MAIDEN NAME Stella F. Green 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address (Yas, no, or unkown) | (Ifyesgivewerordatasofservice) Yes W.W II Mrs. Bessie Stotler 18. CAUSE OF DEATH [Enter only one cause par line for (a) [b) and (c) ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Coronary Occlusion Sudden IMMEDIATE CAUSE (a) DUE TO Conditions, if any which Sclerosis with Thrombosis Coronary geva risa to immediate ceuse DUF TO (e), stating the undarlying cause last. PART I, OTHER S ON FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 (8) 1 WAS AUTOPSY CERTIFICATION PERFORMED? NO 20a. EXTERNAL CAUSE WAS 2Db DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Pert I or Part II of Idem 18.1 PRIMARY [] or CONTRIBUTING [] CAUSE OF DEATH. P 20c. TIME OF INJURY 2Dd INJURY OCCURRED 20a PLACE OF NJURY (Home, farm Month, Day, Year 20f (City or town) (County) (State) factory, street, office bldg., etc.) Whila Not While et work | et work 0 21. I certify that I took charge of the remains described above, held an Autopsy (XX) nspection K Inquiry X and in my opinion death resulted from-Natural causes XX Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL should be FUNERAL ASSISTANT MED CAL EXAM NER DATE SIGNED SIGNATUR June 21, 1966 ö EXAMINER'S Benedict Skitarelic, M.D. NAME (Typa) Address (Street city town, or county) Cumberland, Maryland 4 shoul O FUN Health 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or country) REMOVAL (Spacify) Puria Greenmount VR A15ME



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 07785 requires that the death certificate be executed within 24 hours after death ond PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission tian ond completely filled in by the funeral o. COUNTILLEGANY PENNSYLVANIA b. COUNTY popers. Pages I thin 72 hours after MARYLAND b CITY OR TOWN (f outside carporate limits, c LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corparate limits, write RURAL and give nearest tawn) DAYS **HYNDMAN** d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? NO YE5 NAME OF Middle 4 DATE Year Last Manth Day DECEASED WILLIAM HARDEN JUNE DEATH 19 (Type or print) IF UNDER AGE (In years F UNDER 1 YEAR S SEX 6. COLOR OR RACE 8. DATE OF BIRTH NEVER MARRIED birthday) Manths Days Hours WHITE MALE WIDOWED DIVORCED JAN.27.1907 10a USUA, OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY RailrothYNDMAN, PA. Brakeman 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME signed by the attending shaps buriol-transit permit. Then a or removal BERTHA FLUKE GEORGE HARDEN IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. (Yes, na, ar unknown) (If yes give war ar dates at service HOSPITAL. CUMBERLAND. cremation, 917<u>-07</u>. INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO Canditians, if any, which gave use to immediate cause (a). DUE TO stating the underlying cause Page 4 may be retained by the hospital or ottending hos been last. WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO this certificate 20a ACCIDENT WAS UNDERLYING [1] 205, DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Hame, farm, 20d. INJURY OCCURRED (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year Haur a.m. factory, street, affice bldg., etc.) at wark TO FUNERAL DIRECTOR: After at work 21. I certify that (1) (this hospital) attended the deceased from 19. director, page 3 should should be filed with the M, from couses and on the date stated abave. saw the deceased olive and and that death occurred at 220 SIGNATURE . STAFF PHYS M.D. DIRECTOR PHYS. 22d. ADDRESS 22c PHYSICIAN S BLANE M. SCHINDLER NAME (Type) GREENE ST.. CUMBERLAND. MD. 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) BURIAL, CREMATION, (County) 25,1966 Hyndman Cemetery June Bedford Co.Pa. Hyndman. 25g REC'D BY REGISTRAR **ADDRESS** 24 FUNEBAL DIRECTOR VR A15 (4) 20 M 1/66 yna..an.



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE. MARYLAND 21201 CERTIFICATE OF DEATH physician and completely filled in by the funeral in please, remove corbon popers. Pages I and 2 nous after death requires that the death certificate be executed within 24 hours after death 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) PLACE OF DEATH o. COUNTY o. STATE **b.** COUNTY ATJEGANY MARYLAND ALLEGANY MARYLAND c. LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b CITY OR TOWN (If outside corporate limits, write RURAL and green 5 DAYS FROSTBURG d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? 18 FROST AVENUE MINERS HOSPITAL YES NO Middle 4 DATE Doy 3 NAME OF First Lost Month Year DECEASED 28, 66 EARL HTT.T. 19 (Type or print) DEATH TIME IF UNDER 1 YEAR AGE (n years IF UNDER 24 HRS DATE OF BIRTH S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED Jast birthdoy) Months Hours NOV. 25, 1889 MALE WHITE WIDOWED DIVORCED 12 CITIZEN OF WHAT 10o, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State or foreign country) during most of working life, even if retired)
RETIRED CLERK U.S.A INDUSTRY DRAFT BOARD MARYLAND 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME removo GEORGE W. HILL MARY JANE ASPINALL 17 INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO Address (Yes, no, or unknown) (If yes give wor or dotes of service) **214-01-**0333 MRS. EDITH HILL, FROSTBURG, MD. INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) ONSET AND DEATH buriol-tronsit PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) à DUF TO Conditions, if ony, which gove rise to immediate couse (a), DUE TO stoting the underlying couse this certificate has been WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO YES jo 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of Item 1B.) 20o ACCIDENT WAS UNDERLYING [1] OR CONTRIBUTING [CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Day, Year foctory, street, office bldg., etc.) Hour o.m. Not While at work O FUNERAL DIRECTOR: After be retoined by 21. I certify that (1) (this hospital) attended the deceased from James 74, 1966, to June 28, 1966, that (1) (we) last 19 66, and that death accurred at 11 A M, from causes and on the date stated above saw the deceased olive an 22b. DATE/SIGNED 22o. SIGNATURE STAFF PHYS. DIRECTOR 22d, ADDRESS 22c PHYSICIAN'S JOHN B. DAVIS, M. D. BROADWAY, FROSTBURG, MD NAME (Type) director, should b 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (Stote) 23o. BURIAL, CREMATION 23b. DATE THEREOF (County) REMOVAL (Specify) FB'G. MEMORIAL PARK FROSTBURG. MD. 2Sb. REGISTRAR'S SIGNATURE 250 REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) JOSEPH R. DURST, SR., FROSTBURG, MD. 1966 20 M 1/68





MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death funeral 1 and 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admiss on) deat PLACE OF DEATH a. COUNTY o. STATE b. COUNTY MARYLAND ALLEGARY MARYLAND ALLEGANY c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b CITY OR TOWN (If auts de carparate limits, c LENGTH OF STAY IN 16 write RURAL and give nearest town) CUMBERLAND 26 CUMBERLAND d NAME OF HOSP TAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? filled NO ZZ 64 Marion Street 64 Marion Street 3. NAME OF 4 DATE First Middle Last Month Doy Year DECEASED (Type or print) JANET JEWELL. DEATH VTRGINIA IF UNDER 24 HRS NEVER MARRIEDY 9 AGE (In years S SEX 6 COLOR OR RACE B. DATE OF BIRTH 7 MARRIED last birthdoy) Manths Doys HOLIS Mar 17,1940 FEMALE VIHER DE signed by the attending physician and co burial-transit permit. Then please remot burial, crematian, or removal, and in any WIDOWED DIVORCED 10o USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12 CIT ZEN OF WHAT during most of working life, even if retired) INDUSTRY **COUNTRY?** ALLEGALY CO. none none MARYLAND U.S.A 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME CLARENCE CHARLENIE "WILSON" JEWELL JENELL IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give war or dates of service) CLATENCE JEWELL 6h Marion St. Cumberland 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY. Cardiac arrest IMMEDIATE CAUSE (o) by the haspital or ottending physician. DUE TO Chronic bronchitis Canditions, if any, which gove months nse to immediate cause (a), DUE TO as the priar to b stating the underlying couse O FUNERAL DIRECTOR: After this certificate has been (corebral palsy - mental retarded since PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) CERTIFICATION page 3 shauld be detached far use filed with the State Dept. af Health YES NO 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20g ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e, PLACE OF INJURY (Home, form, (City or town) 20d INJURY OCCURRED (County) (State) 20c. TIME OF INJURY Month, Day, Year foctory, street, office bldg., etc.) Not While at work L at work 21. I certify that (I) (this hospital) attended the deceased fram July 21, 19,56, to June 19, 19,66 that (I) (we) last saw the deceased alive on June 19, 19,66, and that death accurred at 8 p.M., fram causes and an the date stated above. 220 SIGNATURE 22b DATE SIGNED STAFF PHYS. **ATTENDING** June 20. 1966 DIRECTOR M.D. 22d, ADDRESS 22c. PHYSICIAN'S NAME (Type) 133 Virginia Ave. Cumberland, Md. directar, shauld be 23a. BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23b DATE THEREOF (County) (Stote) TREMOVALISPECITY) 22 June 66 Hillcrest Burial Park Cumberland 256 DEGISTRAR S SIGNATURE UN 2 2 1966 24. FUNERAL DIRECTOR H. LEE SILCOX 404 Decatur Street Cumberland 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07779 07789 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DE 1 PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived | Institution: Residence before admission) o. COUNTY a. STATE b. COUNTY 3 to Page Allegany West Virginia MARYLAND Mineral b (ITY OR TOWN (If outs de carparate l'mits, write RURAL and give nearest town)
Cumberland C LENGTH OF STAY IN 10 c CITY OR TOWN (If autside carparate limits, write RURAL and alve nearest town) DOA Ridgelev e IS RESIDENCE ON A FARM? d STREET ADDRESS d NAME OF HOSP TAL OR INSTITUTION (If not in hospital, give street address) hours in pencil in Item 18. Give Poges 1, Sacred Heart Hospital YES NO 50 152 Main Street 24 hours ofter death 4 DATE a Str 3 NAME OF First DECEASED OF DEATH with the X Lewis Martin Kinsman June 19 (Type ar print) IF UNDER 1 YEAR FUNDER 24 HRS DATE OF BIRTH AGE (In years S SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED Months lost b rthday) Doys Hours WIDOWED DIVORCED May 11, 1923 Office Lale White 10a USUAL OCCUPATION (Give kind of work done 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT 106 KIND OF BUS NESS OR COUNTRY? during most of working life, even if retired) INDUSTRY Pennsylvania U.S.A Hercules Inc e, wr ting the word 'pending' in pencil it forworded to the Chief Medicol Examiner 14 MOTHER'S MAIDEN NAME 13 FATHER S NAME certificate should be executed within Harry J. Kinsman Katherine Carev File WAS DECEASED EYER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address 152 Main Street (Yes, ng, ar unknown) (If yes give war ar dates of service) used as a bunal-transit permit. bur'al, cremation, ar removal, 216-18-1689 Ridgeley. W. Yes Mrs. Jean Kinsman NTERVAL BETWEEN 1B CAUSE OF DEATH (Enter only one couse per ne for (a), (b) and (c).) **buriol-tronsit** SANSED AND DEATH PART I DEATH WAS CAUSED BY Occlusion, right Coronary IMMEDIATE CAUSE (a) DUE TO Thrombosis 11 Coronary Conditions, Long which gave rise to immediate cause (a). DUE TO stating the underlying cause Coronary Scherosis, generalized: marked nsed PART II OTHER S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(g) WAS AUTOPSY PERFORMED? YESXIX NO 9 pe 20g EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part or Part II of item 18) should agent, prior PRIMARY I or CONTRIBUTING I CAUSE OF DEATH. 20f (City or fown) (County) (Stote) 20d IN.JRY OCCURRED 20e PLACE OF NJURY (Home form 20c TIME OF INJURY Month Doy, Year factory, street, affice b dq , etc.) Haur am. Nat While at wark at work Inquiry K 21. I certify that I took charge of the remains described above, held an Autopsy XX Inspection X. ond in my opinion moy be retained for FUNERAL DIRECTOR: Notural couses X / Accident Homicide -Suicide . Undetermined monner deoth resulted from: CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 🐣 DEPUTY MEDICAL EXAMINER TOT June 13, 1966 TO DEPUTY **EXAMINER'S** BENEDICT SKITARELIC, M.D. 5 moy 70 FUNE Heolth Address (Street, city, town, or county Cumberland . Md. NAME (Type) 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCAT ON (City or Town) (County) (Stote) 23a BUR AL CREMATION REMOVAL (Specify) 6/16/66 Sunset Memorial Park Cumberland Alleg Harvland 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 1966 VR A15ME (5) Ruth E. Silcox Cumberland Maryland 21502 6M 1/66





MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

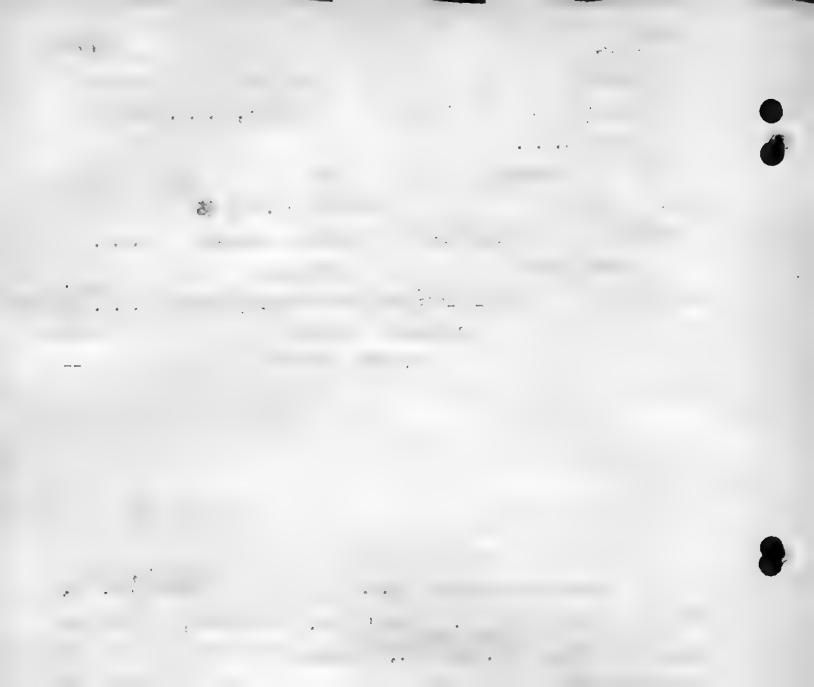
CERTIFICATE OF DEATH 07791 The law requires that the death certificate be executed within 24 hours after death. and completely filled in by the funeral Vemove carban papers. Pages 1 and PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) O COUNTY Alleg. o. STATE b. COUNTY LEGANY C CITY OR TOWN (If outside corporate limits, write RJRAK and give nearest town) PENNSXIAVANIA MARYLAND b CITY OR TOWN (If autside carparate limits, C LENGTH OF STAY IN 16 write RURAL and give negrest tawn)
CUMBERLAND Cumberland DAYK e. IS RESIDENCE ON A FARM? d NAME OF HOSP TAL OR INSTITUT ON (If not in hospital, give street address) d STREET ADDRESS onquin Hotel MEMORIAL HOSPITAL DONAHU NO X X YFS i NAME OF First Middle 4. DATE Month Day Last Year DECEASED VIRGINIA 22 LAFEVRE JUNE 166 (Type or print) DEATH AGE (in years IF JNDER 1 YEAR IF UNDER 24 HRS 6 COLOR OR RACE 7. MARRIED NEVER MARRIED FEMALE WHITE dost birthdoy) Months Hours WIDOWED DIVORCED 106 KIND OF BUSINESS OR 12 CITIZEN OF WHAT 10g USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & State, or foreign country) during most of working! te, even if retired)
HOUSEWIFE INDUSTRY VN HOME LOUSTRY A MARYLAND signed by the attending physician burial-transit permit. Then please 14. MOTHER S MAIDEN NAME 13. FATHER'S NAME or remova RUSSELL, ELNATHAN MARY EDWARD 17 INFORMANT 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO Address (Yes, na, or unknown) ((If yes give war or dates of service MEMORIAL HOSPITAL NO NONE cremation. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) INTERVAL BETWEEN ONSET AND DEATH PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO burial. Conditions, if any, which gave rise to immediate couse (a). DUE TO stoting the underlying couse as the prior tal attending has been last. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(g) Health NO' CERTIFICATI Page 4 may be retained by the hospital ar this certificate jo 20g ACCIDENT WAS UNDERLYING 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) State Dept. 20e PLACE OF INJURY (Home, form, (State) 20d INJURY OCCURRED (City or town) (County) 20c TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Нанг а т Not While at work O FUNERAL DIRECTOR: After 2 21966, that (1) (we) last 21. I certify that (I) (this haspital) attended the deceased fram. 7 3 shauld with the M, fram couses and on the date stated above 7 2-19 C.C. and that death accurred at saw the deceased alive an_ 12b DATE SIGNED 22a. SIGNATURE ATTENDING STAFF PHYS M.D. DIRECTOR PHY\$ 6 be filed 22d. ADDRESS 22c. PHYSICIAN'S 22 S. DR. WYLIE FAW CENTRE ST. CUMB. MD. NAME (Type) director, shauld 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) 230. BURIAL CREMATION REMOVAL (Specify)
BURLAL CUMBERLAND, MD. JUNE 24,1966 ROSE HILL CEMETERY **ADDRESS** 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) Charles BYRON KIGHT CUMBERLAND, MD.



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07792 CERTIFICATE OF DEATH be executed within 24 hours after death. and campletely filled in by the funeral remave carbon papers. Pages 1 and 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH a COUNTY o. STATE b. COUNTY ALLEGANY ALLEGANY MARYLAND CLENGTH DE STAY IN 16 b CITY OR TOWN (If outside corporate limits, c CITY OR TDWN (If outside corporate limits, write RURAL and give nearest town) write RJRAL and give negrest town) CUMBERLAND 2 DAYS CUMBERLAND d. NAME OF HOSPITAL DR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS e IS RESIDENC ON A FARM? 438 WALNUT ST. SACRED HEART HOSPITAL YES NO Sc 3 NAME OF Middle DATE First Lost Manth Day Year DECEASED 0£ JUNE 22 66 AUGUST LANGE RALPH 19 DEATH (Type or print) IF JNDER 1 YEAR IF UNDER 24 HRS. S SEX 8. DATE OF BIRTH 9. AGE (In years 6. COLOR OR RACE 7 MARRIED **NEVER MARRIED** last puthday) Manths Days Haurs 11-28-98 MALE WHILE E WIDOWED DIVORCED 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 1) BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT please during most of working life, even if retired) INDUSTRY USA USA Retired Employee of Community Baking Co. CUMBERLAND. MD. requires that the death certificate 14 MOTHER'S MAIDEN NAME 13. FATHER S NAME the attending phys remaya JANE SHOEMAKER ADOLFUS LANGE 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT Address (Yes, no, grunknawn) (If yes give war or dates of service Ы 214-05-8127 PAT TENT'S CHART INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) signed by the burnal-transit p PART I DEATH WAS CAUSED BY ONSET AND DEATH elveuraug IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gove rise to immediate cause (a), DUE TO stating the underlying couse has been lost. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) WAS AUTOPS PERFORMED? (Slew) NO A certificate 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) 20g. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or lown) 20c TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame form, (County) (State) Hour a.m. factory, street, office bldg., etc.) at wark at work O FUNERAL DIRECTOR: After 1958 to 1966, that (1)/(we) last 21. I certify that (1) (this hospital) attended the deceased from be retained M, from causes and on the date stated above. saw the deceased alive on , and that death occurred at 22a SIGNATURE 22b. DATE SIGNED ATTENDING-MED. STAFF DIRECTOR M.D PHY5 22d. ADDRESS 22c. PHYSICIAN'S director, po ST. CUMBERLAND, MD. GREENE NAME (Type) DR. S.G. WEISMAN 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Tawn) 23b DATE THEREOF (County) (State) 23a. BURIAL, CREMATION, REMOVAL (Specify) 6/24/66 Sunset Memorial Park Cumberland Alleg Maryland REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Ruth E. Silcox Cumberland Maryland 21502 DATE



1 1	MARYLAND STATE DEPARTMENT OF HEALTH	
FOR OTHER	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MA	RYLAND
FOR STATE	87793 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	ロウワを3
HEALTH DERI.	I. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution Residence)	ence before edimission
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Pa Pa Iles	ALLEGANY MARYLAND ALLE	GANY
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Part.	FROSTBURG LIFETIME HOFFMAN, R.F.D. FROST	DITOC
Jean Jean	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d STREET ADDRESS	a. IS RESIDENCE
Se Cana	Underwan D D D	ON A FARM?
affe	HOFFMAN R.F.D. 3 NAME OF First Middle Lest 4 DATE Month Da	YES NO
B G G	DECEASED	y Yeer
# 5 8 5 5 # 4 5 5 5	(Type or print) BERNARD LAVIN DEATH JUNE 2	2 19 66
25 7 4 2 2 3 1 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In year) IIF UNDER 1 YEA	R & UNDER 24 HRS
manda and and and and and and and and and	Hast Diffigure Months Cave	
15.25 PH		OF WHAT COUNTRY?
12 4 × 1	done during most of working life, even if ret red)	
Pour Person	LABORER KELLY TIRE HOFFMAN, MARYLAND U.S.	A.
M3 M3 Pag	13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
C Se la Se l	MICHAEL LAVIN ROSE FOLK	
4 . 5 . 5	15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT Address	ARYLAND
365 Ex	[Lest, 10, or pricord) (ityes give wellot dates of service)	
New Year	NO 712-14-1634 MISS EDITH LAVIN, HOFFMAN, R.F.	D. FROSTBURG
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alo alo	IMMEDIATE CAUSE (e) CORONARY OCCLUSION	SUDDEM
d b d b d b d b d b d b d b d b d b d b	4 ° C / DUE TO	
Tai.e Ba	Corditions, if any, which CORONARY SCLEROSIS	
S B S	geve rise to mmediate cause DUE TO	~
ade Indirection	(e), saing me underlying	
Per Second	16)	
E E E	FART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTION OF RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	PERFORMED?
This wor wor had buri	3	YES NO
T: Tipe	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART 1(a) 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED (Enter neture of injury in Part I or Part II of Itam 18.) PRIMARY Or CONTRIBUTING 1 CAUSE OF DEATH.	V
ST S	CAUSE OF DATH.	
Tiring Price	20c. TIME OF INJURY Month Day Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, farm, 20f. (City or lown)	(State)
Pas Vit	Hour e.m. While Not While fectory, street, office bldg., etc.)	(910.4)
X 5, 4 元 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8		
	21 I certify that I took charge of the remains described above, held an Autopsy I Inspection 🔣 Inquiry 🛣 an	nd in my opinion
S de la constant de l	death resulted from: Natural causes 💢 Accipient 🗍 Suicide 🗍 Homicide 🗍, Undetermined manner	
DIRECTOR DIR	CHIEF MEDICAL EXAMINER	
A #	ACTUAL ASSISTANT MEDICAL EXAMINER	DATE SIGNED
N N N	I SIGNATURE & A CAMPAGA A	
D X P E T	EXAMINER'S DEPUTY MED CAL EXAMINER X June 23, 1	.900
DEPU specification of the second of the seco	NAME (Type) BENEDICT SKITARELIC, M.D. Address (Street city town, or county) Cumberland	,
	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY T 22d. LOCATION (City, town, or country) REMOYAL (Specify)	(Stete)
B 4 B 1	BURIAL JUNE 25, 1966 ST. MICHAEL'S CEM. FROSTBURG, MAR	YLAND
VR ATSME	23. RUMBAL DIRECTOR 246. REGISTRAR 246. REGISTRAR'S SIGNA	TURE
SM 1/62	MARILOU M. SOWERS 60 W. MAIN ST. FROSTBURG JUN 27 1966 JULY	es Judge
01	MARILOU M. SOWERS 60 W. MAIN ST., FROSTBURG JUN 21 1966	



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 67794 CERTIFICATE OF DEATH The law requires that the death certificate be executed within 24 hours after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) ALLEGANY MARYLAND b. COUNTY ALLEGANY MARYLAND b CITY OR TOWN (f ourside carporate limits, write RURAL and give nearest town)
CUMBERLAND c. LENGTH OF STAY IN 1b c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and campletely filled in by the papers. Pag hin 72 hours DAY CUMBERLAND. d STREET ADDRESS IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) 100 ROBERTS MEMORIAL HOSPITAL NO K NAME OF please remove carban First Middle 4. DATE Year Doy DECEASED FLORENCE LEE JUNE 19 66 (Type or prof) DEATH DATE OF BIRTH 27, 1929 9 AGE (In years IF UNDER 24 HRS 5. SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED 36 bathdoy) Months Doys Hours FEMALE WHITE and in any WIDOWED DIVORCED IDo USUA, OCCUPATION (Give kind of work done 12 CIT ZEN OF WHAT 10b, KIND OF BUSINESS OR 11, BIRTHPLACE (County & State, or foreign country) COUNTRY? A. during most of working life, even if retired) WEST VIRGINAA Own Home 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME ar removal, ERNEST L. LEE FLORA SHAHAN WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16 SOCIAL SECURITY NO. Address permit. (Yes, no, ar unknown) (If yes give wor ar dotes of service) MEMORIAL HOSPITAL no burial, crematian, CAUSE OF DEATH (Enter only one cause per line for (g), (b), and (c).) NTERVAL BETWEEN signed by the burial-transit p PART I DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO Canditions, if ony, which gove rise to immediate couse (o). DUE TO stoting the underlying couse as the priar tak Page 4 may be retained by the haspital or attending O FUNERAL DIRECTOR: After this certificate has been last. WAS AUTOPSY PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? CERTIFICATION of Health NO YES łar 20o. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) directar, page 3 should be detache shauld be filed with the State Dept. 20e. PLACE OF INJURY (Home, form, (City or town) (Store) 20c TIME OF INJURY Month, Doy, Year 2Dd INJURY OCCURRED (County) factory, street, office blda, etc.) Haur a.m. Nat While 19 ot wark ot wark ___, that (I) fwe) last 21 I certify that (I) (this hospital) attended the deceased from. Months and on the date stated above. and that deoth occurred saw the deceased alive on. 22a, SIGNATURE 22b. DATE SIGNED ATTENDING M.D. -DIRECTOR PHYS. PHYS. 22d ADDRESS 226 JPHYSICIAN'S NAME (TYP)R OVERTON HIMMELWIGHT 133 VIRGINIA AVE 23c. NAME OF CEMETERY OR CREMATORY 23d. ŁOCATION (City or Town) (County) 23b DATE THEREOF (Stote) 230 BURIAL, CREMATION, REMOVAL (Specify) June 10.1066 Wotring Chanel Rowlesburg, W. Va. Buria 24. FUNERAL DIRECTOR 25o, REC'D BY REGISTRAR 25b. REGISTRAR S SIGNATURE Scarmelli, Cumberland, Md. VR A15.44 1986 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. CDUNTY b. COUNTY Allegany Cumb
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Oldtown, Md Allegany
c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cumberland MARYLAND Department after death. c, LENGTH OF STAY IN 1b Oldtown Oldtown d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADORESS e. IS RESIDENCE DN A FARM? EXAMINER: This certificate should be executed within 24 hours after death. If any delay a certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page State hours Memorial Hospital - DOA Postmaster NO A YES 3. NAME OF Middle Month Year DECEASED 0F (Type or print) DEATH 19 66 6 6. COLOR OR RACE 9. AGE (in years | FUNDER 1 YEAR | FUNDER 24 HRS NEVER MARRIEO OATE OF BIRTH 7. MARRIED Months Mal e WIDOWED DIVORCED [OV 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INOUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? United States School Cumberland, Md Student
13. FATHER'S NAME Elroy Lewis Emma Crabtree Lewis deceased File 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT permit. i (Yes, no, or unknym) ((if yes nive war or dates of service) Mrs Emma Crabtree Lewis, Oldtown, Me INTERVAL BETWEEN ONSET AND DEATH Minutes 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), PART I. GEATH WAS CAUSED BY; IMMEDIATE CAUSE (a) burlal-transit Asphyxiation DUE TO Compression of Neck Minutes Conditions, If eny, which gove rise to immediate DUE TO cause (a), stating the (Pinned under overturned Auto) Minutes underlying cause last. WAS AUTOPSY CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED 2 3 should be agent, prior i 208. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part) or Part II of Item 18.) Passenger in automobile accident 20c. TIME OF INJURY Month, Day, Year | 20d. INJURY OCCURRED . 20e. PLACE OF INJURY (Home, farm, | 20f. (City or town) MEDICAL (State) (County) factory, street, office bldg., etc.) p.m. TINE 2819 66 at work at work Oldtown. Allegany. Rt. 21. I certify that I took charge of the remains described above, held an Autopsy inspection X. Inquiry X. and in my opinion FUNERAL DIRECTOR: Health or its design Undetermined manner death resulted from: Natural causes ... Accident II. Suicide Homicide CHIEF MEDICAL EXAMINER for your 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURES June 28, 1966 **GEPUTY MEDICAL EXAMINER TO K** BENEDICT SKITARELIC. EXAMINER'S NAME (Type) director. M.D. Address (Street, city, town, or count@umberland. Md. 23d. LDCATION (City, town or county) 23c. NAME OF CEMETERY OR CREMATORY 23a, BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 00 Three Churches, W. Va. Three Churches Cem. Buriak 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Berkeley VR ALSME (5) Johnson Flineral Homes W. Va. 1/65



1 1	Division of STATISTICAL RE	MARYLAND STATE DEI SEARCH AND RECORDS, 301	PARTMENT OF HEALTH W. PRESTON STREET, BALTIMORE, I	MARYLAND 21201
FOR STATE			CERTIFICATE OF DEATH	07786
HEALTH DEPT	PLACE OF DEATH O COUNTY Allegany	MARYLAND	2 USUAL RESIDENCE (Where deceased lived, in STATE Maryland	
delay is 2, and 3 to PM3. Page eportment of a ofter death	b CITY OR TOWN (fauts de carporate limits, write RURAL and give neorest town) ELLERSLIE	50 Years	CCTY OR TOWN (If autside corporate limits of Ellerslie	write RURAL and give neorest tawn)
- F O S	d NAME OF MOSPITAL OR INSTITUTION (If not a hospit	ol, give street oddress)	d. STREET ADDRESS	e IS RESIDENCE ON A FARM? YES NO
offer de≣th. Iff 18. Give Pages 1, along with form with the Stote De within 72 hours	3 NAME OF First OFCEASED (Type or print) Rertie Lu El			Month Day Year 19 66
hours offer Item 18. G Office alon ond 2 with event with			eb.19, 1883 9 AGE (In	
Z G . 2 Z	during most of working life, even if retired) Housewife 13 FATHER'S NAME	INDUSTRY	Bedford County, 14 MOTHER'S MAIDEN NAME	COJINTRY 2
File ond	John W. Stouffe	16. SOCIAL SECURITY NO. 17 II	Mary A. Wolford	Address
Executed pending" in set Medical E sit permit. F	(Yes, no, or unknown) (If yes give wor or dates of service) 18 CAUSE OF DEATH (Enter only one cause per line		rs. Grace Miller,	INTERVAL BETWEEN
ba ''pe	PART I. DEATH WAS CAUSED BY: MANUAL PROPERTY MANUAL PROPERTY	Uremia		Months And Death
Titis certificate should be executed cote, writing the word "pending" is be forworded to the Chief Medical be used as a burial-transit permit.	Conditions, if any which gove this to immediate couse (a), stating the underlying couse last.		<u>clerotic cardiovas</u> enal dis e ase	soular
TBis certificate, writing be forword do be used out to burial	PART II. OTHER S GNIFICANT CONDITIONS CONTRIBUTION	NG TO DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE CONDITION GIVEN IN PART	I(o) 19 WAS ALTOPSY PERFORMED? YES NO
INER: TEI e certificat should be files. 3 should be	PRIMARY 🗆 or CONTRIBUTING 🗆 CAUSE OF DEATH.	,	Enter noture of Injury in Port I or Port II of item	
	Haur o m. 19 ct	thile Not While foctor	E OF INJURY (Hame form 20f (City or rry, street, affice bldg., etc.)	
= 90° 0 € €	21 I certify that I took charge of the death resulted fram: Natural causes	remains described above, hel	The same of the sa	Inquiry 😿 and in my opinion ned manner 🗌
o DEFILITY M. M. M. M. M. L.	ACTUAL SIGNATURE Sexadust	* Sketorder	_M.D. ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER	22. DATE SIGNED June 16, 1966
o DEFUTY necessary, the funeral 5 may be 0 FUNERAL Health or i	NAME (Type) BENEDICT SKTT 230 BURIAL CREMATION 236 DATE THEREOF	CARELIC, M.D.		Cumberland, Md.
10 10 10 10	REMOVAL (Spec ty) Burial June 19,19	966 Lybarger	Luthern Bufal	D Mills, Pa, RD#1 2Sb. REGISTRARS SIGNATURE
VR A15ME (5)	24. FUNERAL DIRECTOR Harvey H. Zeigler-	ADDRESS		25b. REGISTRAR'S SIGNATURE



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH od completely filled in by the funeral emove corban papers. Pages 1 and 2 pny event, within 72 hours offer deoth, low requires that the death certificate be executed within 24 hours after death 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) I. PLACE OF DEATH a. COUNTY O. STATE MARYLAND b COUNTY ALLEGANY ALLEGANY MARYLAND C LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) b CITY OR TOWN (If autside carparate «mits, DAYS CUMBERLAND. d SIREH ADDRESS Darrow Lane, Cumb. e IS RESIDENCE d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) ON A FARM? ond completely filled MEMORIAL HOSPITAL YES NO T 3 NAME OF Middle 4 DATE remove corban First Lost Year Month OF DEATH DECEASED **JAMES** FRANKLIN LINCOLN 16 19 66 JUNE Type or print' IF UNDER 24 HRS DATE OF BIRTH 9. AGE (n years S SEX 6. COLOR OR RACE 7. MARRIED NEVER MAKRIED ethdoy) Months Dovs Hours 5-30-1888 MALE WIDOWED DIVORCED TOO USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or fareign country) 12 CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY PITTSBURG, PA. Ret Chg. Hand

13. FATHER'S NAME Corn 14. MOTHER'S MAIDEN NAME cremation, or removal GEORGE B. LINCOLN ANNIE JONES 16 SOCIAL SECURITY NO INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? #5Darrow Lane (Yes, no, ar unknown) (If yes give war or dotes of service CUMB. 214-07-1632 Vσ INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per lime for (a), (b), and (c).) burial-tronsit ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (6) signed by Page 4 may be retained by the hospital or attending physicion. DUE TO Conditions, if any, which gave rise to immediate couse (a). DUF TO stating the underlying cause os the prior to t O FUNERAL DIRECTOR: After this certificate has been last WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) NO ō 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER (City or town) 20e. PLACE OF INJURY (Home, form, (Stote) 20c TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED (County) Haur a.m. factory, street, office blda., etc.) at work at work 21. I certify that (I) (this haspital) aftended the deceased fram 2 director, page 3 should should be filed with the and that death accurred at 4 AM, Mam causes and an the date stated above. saw the deceased alive an 22a. SIGNATURE 22b DATE SUSNED ATTENDING PHYS. DIRECTOR "PHYS CRASHS 22d ADDRESS NAME (Type) 122 S. CENTRE, CUMB WILLIAMS 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23a BURIAL, CREMATION, (County) (Stote) REMOVAL (Specify) 6/20/66 Finleyville Cenetery Finlewille 2So REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) Waine Geotae Cumberland. Md. 20 M 1/II6

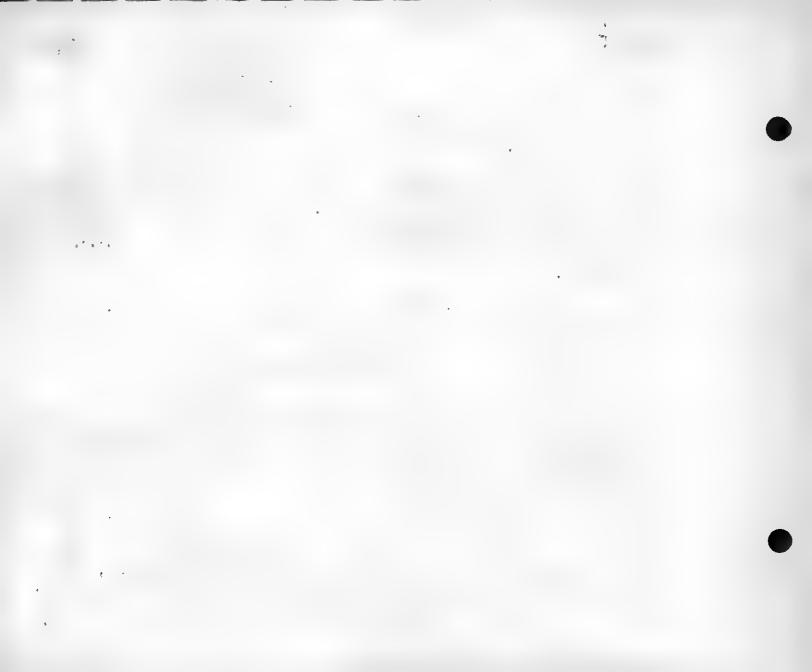


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH death. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY Allegany a. STATE Maryland b. COUNTY Allegany after MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
Cumberland c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b papers. Pagi nin 72 hours a hours Frostburg .≡ d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled d. STREET ADDRESS e. IS RESIDENCE within 72 ON A FARM? Allegany County Infirmary RFD#1. Box NO A letely carbon NAME OF First Middle DATE Month Year DECEASED Lindsay June Anna (Type or print) DEATH 66 19 executed SEX 6. COLOR DR RACE AGE (In years | IFUNDER 1 YEAR | IF UNDER 24 HRS DATE OF BIRTH 9 7. MARRIED NEVER MARRIED last birthday) Months Days Hours White /12/1900 Female WIDOWED DIVORCED [10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDU ROLLPOOL Factory worker. certificate be nding physici Then plegs removal, and Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John Lindsay Sarah Williams 17. INFORMANT P.O. BOX 599, Address Cumberland, Md 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. d by the attenctransit permit. death ((Yes, no, or unkown) | (If yes give war or dates of service) Allegany County Infirmary records. 18. CAUSE OF DEATH [Enter only one cause per line for (a), NTERVAL BETWEEN by ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cenditions, If any, which peed gave rise to immediate r to DUE TO cause (a), stating the underlying cause last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? YES -NO [5 208. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part) or Part 11 of Item 18.) 9 ache MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, I 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. Not While at work at work 56 00 21. I certify that (i) (this hospital), attended the deceased from 19 DIRECTOR: age 3 should led with the P.M. from the causes and on the date stated above. 166 saw the deceased alive on. and that death occurred at. 22a. SIGNATURE 1:15 22b. DATE SIGNED ATTENDING MED. DIRECTOR page STAFF PHYS. M.D. PHYSICIAN'S 22d. ADDRESS FUNERAL director, p should be Mathews, B. NAME (Type) Lee Greens St. Cumberland. BURIAL, CREMATION. LOCATION /City, town or (State) DATE THEREOF 23с. NAME OF CEMETERY OR CREMATOR 0 FUNERAL DIRECTOR REC'D BY REGISTRAR REGISTRAR'S SIGNATURE 25a. VR AIS (4) 20M

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17793 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death. 2. USUAL RESIDENCE (Where deceased lived, if institut an Residence before . PLACE OF DEATH o. COUNTY b. COUNTY MARYLAND ALLEGANY LEGANY MARYLAND physician and completely filled in by the en please remove carbon papers. Pages c LENGTH OF STAY IN 16 b CITY OR TOWN (If autside carporate limits, c City OR TOWN (If outside carparate limits, write RURAL and give nearest town) OL DTOWN DAYS e. IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS MEMORIAL HOSPITAL NO X YES Middle 4 DATE OF DEATH NAME OF Manth Dov Year MI, WIT Last DECEASED SILAS MAL COLM N. JUNE 1966 10 (Type or post) 9. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS SEX 6 COLOR OR RACE 8. DATE OF BIRTH NEVER MARRIED 7, MARRIED buriol, cremotion, or removol, and in any ev birthday) Months Hours ପ୍ଲ Doys 2-28-1877 MALE WHITE DIVORCED WIDGWED 11. BIRTHPLACE (County & State, or foreign country) 12 CIT ZEN OF WHAT 10b. KIND OF BUSINESS OR 10a USJAL OCCUPATION (Give kind of work done COUNTRY? during most of warking life, even if retired) INDUSTRY WEST VIRGINIA 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME CHARLES MALCOLM RACHEL BURKETT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT Address (Yes, no, or unknown) (If yes give war ar dates of service MEMORIAL HOSPITAL - CUMBERLAND, MD. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (q) (b), and (c).) buriol-tronsit ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) signed by DUE TO Conditions, if ony, which gove rise ta immediate cause (a). DUE TO stating the underlying couse Page 4 may be retained by the hospital or ottending to FUNERAL DIRECTOR: After this certificate has been be detoched for use as the State Dept. of Health prior to last. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT, CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) MEDICAL CERTIFICATION MorelCrosis NO NO YES 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20g ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20e PLACE OF INJURY (Hame, form, (City or town) (County) (State) 20d. INJURY OCCURRED 20c. TIME OF INJURY Month, Day, Year Nat While factory, street, office bldg., etc.) Hour o.m. at work 19 6 6 that (1) (we) last 21. I certify that (I) (this haspital) attended the deceased fram. director, page 3 should should be filed with the and that death accurred at 7 . 5 M, from jepuses and an the date stated above. saw the deceased alive an 22b. DATE SIGNED 22a, SIGNATURE STAFF PHYS. ATTENDING PHYS M.D. DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S 456 N. NAME (Type) CENTRE ST .. CUMBERLAND, MD LEO 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) W (SVE) 23g BURIAL CREMATION, REMOVAL (Specify) Green Spring Hampshire Forest Glen 6-12-66 Burial 2Sg. RECD BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE ADDRESS FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 Marley Judge



_ 1	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAN	D
FOR STATE	07800 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	790
HEALTH DEPT.	PLACE OF BEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence be as COUNTY	fore admission)
ties test	Allegany Maryland Maryland Allegan	er .
ssar) mera iy b imen keath	b. CITY OR TOWN (If outside corporate limits, write RURAL and give write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give	nearest town)
e 5 may be Department after death.	Westernport d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e.	IS RESIDENCE
ge Be Be affl		ON A FARM?
hd 3 to Page State	210 Mc Kinley St. 210 McKinley St YES 3. NAME OF First Middle Last 4. DATE Month Oay	Year
M3 M3 the	OF DECEASED (Type or print) Warren Lee Mann DEATH June 7,	19 66
ith. If an income of the second of the secon	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. OATE OF BIRTH 9. AGE (IN years IF UNDER 1 YEAR IF	UNDER 24 HRS.
death. If a Pages 1. th Loom in Zwith ent within	Male White widowed Olvorgeo Oct. 8, 1930 Jest Directory Months Days	Hours Min.
6 5 E 6	10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND DF BUSINESS OR during most of working life, even if retired) 10b. KIND DF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF COUNTRY?	WHAT
rs after 18. Give along w ages I a	Mechanical Engineer Paper Industry Maryland U.S.A.	
age age		
24 hours office al File pag	Milburn W. Manns 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address	
2 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	(Yes, no, or unhown) (If yes give war or dates of service)	heal
ited within in pencil it Examiner's saminer's sit permit.	1.18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), end (c),]	AL BETWEEN
d be executed "pending" in p Medical Exam burial-transit p		AND CEATH
ild be executed I "pending" in if Medical Exan a burial-transit cremation, or i	OUE TO	
be eyend bend ledic lirial- imat	Conditions, if any, which gave rise to immediate (b) (Drowning in Bathtub)	
_ 28 C _ C	cause (a), stating the OUE TO	
should world Chief as a b		VAS AUTOPSY
ficate sho worn the Chi used as to burial	YES	ERFORMEO?
在	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) YES 20s. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CONTRIBUTING CAUSE OF DEATH.	
R: This cer sate, writing forwarded 3 should b agent, prio		
NER: This lificate, wr be forward ge 3 shoul ed agent, I	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) factory, street, office bidg., etc.) Hour a.m. While Not While at work at work	(State)
EXAMINER: Certificate fould be for les. R: Page 3 signated ag		n mu oninina
the certific the certific 4 should be in files. CTOR: Page designated	21. I certify that I took charge of the remains described above, held an Autopsy X, Inspection X, Inquiry X, and I death resulted from: Natural causes , Accident , Suicide XX Homloide , Undetermined manner	n my opinion
내문장(무요)	CHIEF MEDICAL EXAMINER	
	SIGNATURE (LACE CARE STELLAR LACE MD ASSISTANT MEDICAL LAMINTER)	DATE SIGNED
	DEPUTY MEDICAL EXAMINER X June 13, 19	
O DEPUTY please ex director. retained to FUNERAL of Health	EXAMINER'S RAME (Type) Benedict Skitarelic Address (Street, city, town, or county) Cumberland, 23a. BURIAL, CREMATION, 23b. OATE THEREOF 23c. NAME DF CEMETERY OR CREMATORY 23d. LDCATION (City, town or county)	_Md
of Pleas	REMOVAL (Specify)	
- 0	24. FUNERAL DIRECTOR ADORESS 258. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNAT	URE
VR ALSME THE	Westernport, Md. OADUN 15 1966 Icharles Jun	tgl.



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07807 CERTIFICATE OF DEATH 24 haurs after death. 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH o. COUNTY P. COUNTY 1 LEGANT ALLEGANY MARYLAND CLENGTH OF STAX IN 16 b CITY OR TOWN (If outside corporate limits. c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) CUMBERLAND CUMBERLAND. and campletely filled in d NAME OF HOSPITAL OR INSTITUTION (14 not in hospito, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? MEMORIAL HOSPITAL 639 HILL TOP DRIVE NO X \subseteq requires that the death certificate be executed within 3 NAME OF 4 DATE Middie Lost Month DECEASED JUNE CARTY 66 ELSIE MC M. DEATH 19 (Type or print) and in any event IF UNDER 24 HRS. AGE (In years #F UNDER 1 YEAR s SEX 7 MARRIED 8 DATE OF BIRTH 6. COLOR OR RACE **NEVER MARRIED** lost burthday) Manths Davs Hours FEMALE WHITE WIDOWED DIVORCED 100 JSUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) COUNTRY'S WASHINGTON. D.C. . A. 14. MOTHER'S MAIDEN NAME 13 FATHER'S NAME crematian, or remayal, THOMAS MURRAY MARY FREELAND IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT HOSPITAL, CUMBERLAND, MD. (Yes no or unknown) (If yes give wor or dates of service) 18 CAUSE OF DEATH (Enter only one couse per line for (b) and (c) INTERVAL BETWEEN burial-transit PART I. DEATH WAS CAUSED BY signed by IMMEDIATE CAUSE (o) DUE TO burial Conditions, if any, which gove nse to immediate couse (o) DUE TO stating the underlying couse Page 4 may be retained by the hospital ar attending as the priar tal FUNERAL DIRECTOR: After this certificate has been last. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? NO YES Б 20b, DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part II of item 18.) 200 ACCIDENT WAS UNDERLYING [detached f te Dept. af I OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) State Dept. 20e, PLACE OF INJURY (Home, form, (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20f. foctory, street, office bldg., etc.) Hour a.m. Not While 19 ot work at work 21. I certify that (1) (this hospital) attended the deceased from... 1966 that (I) (we) last 19 Coand that death accurred at Q5A' M, from causes and on the date stated above saw the deceased alive on_ 22a. SIGNATURE 22b DATE SIGNED ATTENDING DIRECTOR page 3 e filed 22d. ADDRESS 22c. PHYSICIAN S director, po should be f 122 CENTRE ST., CUMBERLAND, MD. NAME (Type) W.F.WILLIAMS 23d. LOCATION (City or Town) 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (County) (State) 23a BURIAL CREMATION, BUT SPECIFY Suitland, Haryland 6-15,66 Washington National Cen. Scarpelli Cumberland, Marvland 250. REGID BY REGISTRAR 24. FUNERAL DIRECTOR Charles VR A15 (4) 20 M 1/66 DATE

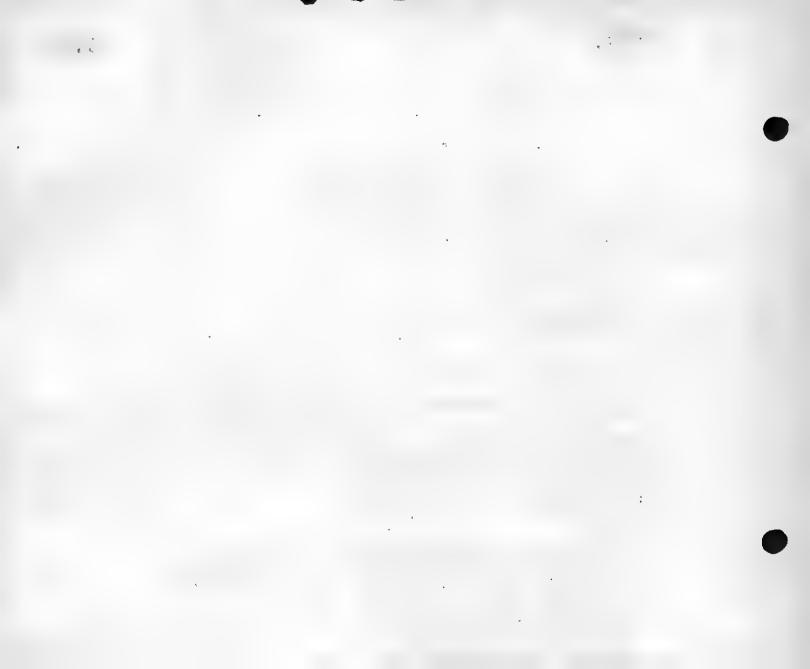


MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission o COUNTY o. STATE b. COLINTY Page 0 5 death. ALLEGANY MARYLAND MARYT.AND ALLEGANY delay b CITY OR TOWN (If autside corporate limits, c LENGTH OF STAY IN 16 c CITY OR TOWN (Floutside corporate mits, write RURA, and give nearest town) 2, and PM3. write RURAL and give nearest town) ofter FROSTBURG FROSTBURG D.O. 4 a NAME OF HOSPITAL OR (ASTITUTION (if not in haspital, give street address) d STREET ADDRESS o S RESIDENCE ON A FARM? hours along with farm E. MAIN ST. NO X MINERS HOSPITAL ate 24 hours after death 3 NAME OF Middle 4 DATE Manth Day DECEASED ΩF NELLIE MCKENZIE JUNE 15th. BEAN 19 66 (Type or print) DEATH S SEX IF UNDER 1 YEAR 6 COLOR OR RACE 8 DATE OF BRITE AGE (In years IF LINDER 24 HRS 7 MARRIED NEVER MARRIED 3 last birthday) Manths Hours WIDOWED 30 DIVORCED JAN. 27th, 1914 WHITE FEMALE 10a JSUAL OCCUPATION (Give kind of work done 10b K ND OF BUSINESS OR 11 B RTHPLACE (State or foreign country. 12 CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? = SLEEVE CUTTER SHIRT FACTORY MARYLAND USA sabod 14. MOTHER'S MA DEN NAME be executed within ⊑ RACHEL WILSON JOHN BEAN pup IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address (Yes no, or unknown) (If yes give war or dates of service) or remayol, 18. CAUSE OF DEATH (Enter only one couse per line far (a), (b), and (c).) buriol-transit PART I DEATH WAS CAUSED BY CORONARY OCCLUSION IMMEDIATE CAUSE (a). This certificate should cremation, 1201 DUE TO forwarded to the CORONARY Conditions, if any, which gove SCLEROSTS rise to immediate cause (a). DUE TO storing the underlying cause SO bur.al, PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19 WAS AUTOPS PERFORMED? NO CX the certificate, 200 EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I at Part II of item 18.) designated agent, prior PRIMARY Or CONTRIBUTING should CAUSE OF DEATH 20c TME OF NJJRY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, form (City or town) (County) (State) Haur o.m. White Not While factory, street, office bldg , etc) please execute ot wark at wark Inspection X Inquiry and in my opin on the funeral director. death resulted fram Natural causes X Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER **ACTUAL** 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE _ FUNERAL I TO DEPUTY June 15, 1966 DEPUTY MEDICAL EXAMINER 0 **EXAMINER'S** Address (Street, city, town, or county) RD 9, CUMBERLAND. MD. Health (NAME (Type) REMEDICT SKITARELIC 23b DATE THEREOF 23c NAME OF CEMETERY OR EREMATORY 23o. BURIAL CREMATION. 23d LOCATION (State) 0 25b REGISTRAR'S SIGNATUR 24 FUNERAL DIRECTOR VR A15MII (5) JOSEPH R. DURST, FROSTBURG, MD.

6M 1/66



1		-	MARYLAND STATE DEPARTMENT OF H	EALTH	I MARVIAND
FOR S	TATE		07803 MEDICAL EXAMINER'S CERTIFICATE		ロウクロコ
HEALTH	DEPT	1	1. PLACE OF DEATH 2. USUAL RESIDENCE ()	Where deceased lived, If institut	tion; Residence before admission)
	102	-1	a. CDUNTY ALLEGANY MARYLAND . STATE MARYLA		ALLEGANY
eral be	tment death.	· }		side corporate limits, write F	
funel may			CUMBERLAND LOFE CUMBERLAN	NID	· , /
ייט ייט	Departer		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS	1 7 46-7	e. IS RESIDENCE ON A FARM?
ay the Page	State hours	7	DOA SACRED HEART HOSPITAL 312 Howar	rd Place	YES ND
and 3.	장윤		3. NAME OF First Middle Last 4. DECEASED		Day Year
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th. If ges 1, form	with ithin		5. SEX 6. COLDR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH	last birthday) Lice	NDER 1 YEAR IF UNDER 24 HRS
विद्या विद्या	d 2 nt w	-	MALE NEGRO WIDOWED DIVDRCED MARCH 21,1965		
fler de Give I g with	event		10a. USUAL DCCUPATION (Give kind of work done during most of working life, even if retired) 11b. KIND OF BUSINESS OR INDUSTRY	or foreign country)	12. CITIZEN OF WHAT COUNTRY?
rs after des 18. Give Pa along with	ges I	2	NONE NONE CUMBERLAN 13. FATHER'S NAME 14. MOTHER'S MAIDEN	MD.	USA
	2.5		UNKNOWN SHELIA M		
4 hour Item ffice	File		15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SDCIAL SECURITY ND. 17. INFORMANT	Address	
rted within 24 hou ' in pencil in Item Examiner's Office			(Yes, no, or unknown) (If yes give war or dates of service) NO NONE SHELIA MEADE	CUMBERLAN	TD. MD.
with	permit	:	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	OOLIDBICHAL	INTERVAL RETWEEN
in p	# 5		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Asphyxiation		Minutes
execut iding" lical E			7290 DUE TO		**
e e e e e e e e e e e e e e e e e e e	burlal-tran cremation,	for .	Conditions, if eny, which (b) Drowning		***
50.5			gave rise to immediate Cause (s), stating the DUE TD		
hou	N. 40		underlying cause last. (c)	THE COURTY ON SIVER IN SEC	T1(a) 19. WAS AUTDPSY
is certificate should be exect writing the word "pending" arded to the Chief Medical	sed as burial		PARTII. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISE. 200. EXTERNAL CAUSE WAS PRIMARY BY OF CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING COURSE OF DEATH. 200. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury occurred) in bathtub	ASE CONDITION GIVEN IN PAR	PERFORMED
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e ii e	ild be prior		20a. EXTERNAL CAUSE WAS PRIMARY TO CONTRIBUTING CONTRIBUTING COURSE OF DEATH. 20b. DESCRIBE HDW INJURY OCCURRED. (Enter nature of injury occurred). (Enter nature of injury occurred).	,	
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	age			nspection X, Inquiry	
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- CO +-	58		CHIEF MEDICAL EX	CAMINER [
MED ecute Page 4	E E		SIGNATURE Deveduct Setarelia M.D. ASSISTANT MEDICA		22. DATE SIGNED
~ ∺ ~ ~	-C-	e,	EXAMINER'S BENEDICT SKITARELIC. M.D. RT address SHERBE		6/20/6
DEPUT please e director.	UNERA		111111111111111111111111111111111111111	23d. LDCATION (City, town	or county) (State)
o Dies	0 to 2	1	REMOVAL (specify)	CUMBER LAND.	MD.
-	-	24	24. FUNERAL DIRECTOR ADDRESS 25a. REC'D	BY REGISTRAR 25b. REGIS	TRAR'S SIGNATURE
VR AI	5ME (5)	R	BYRON KIGHT CUMBERLAND, MD.	N 2 4 1966 8	Charles Judge

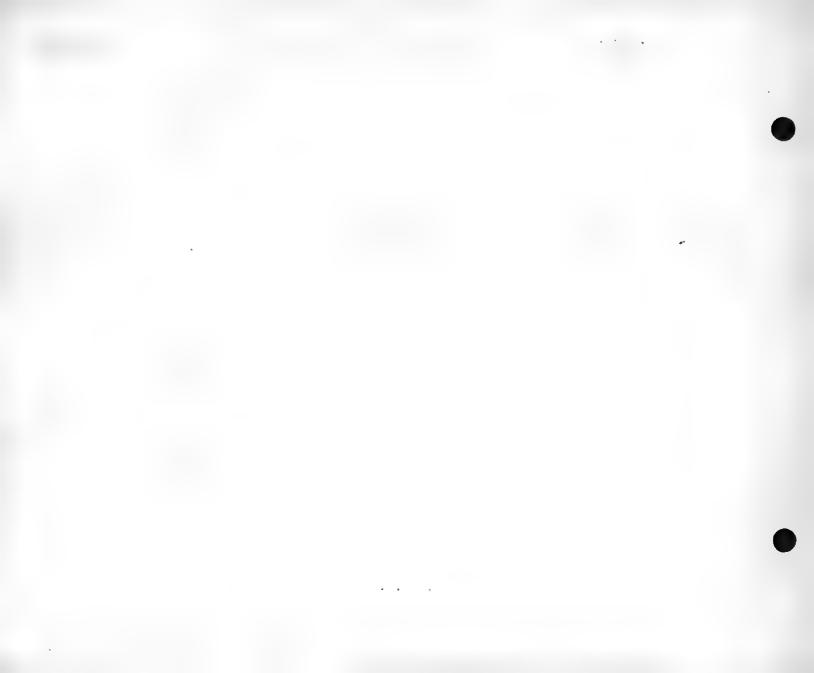


MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH C7804 requires that the death certificate be executed within 24 haurs after death. dear physician and campletely filled in by the funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY ALLEGANY ALLEGANY ve carban papers. Pages 1 event, within 72 hours after MARYLAND MARYLAND b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town)
CUMBERLAND c. LENGTH OF STAY IN 16 CITY OR TOWN (If autside corparate limits, write RURAL and give nearest town) CUMBERLAND HRS. B IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS HOSPITAL NO X ME MOR LAI 420 PINE AVE 3 NAME OF Middle 4. DATE First Month Year DECEASED OII DEATH 1966 MONTGOMERY JUNE ELMER (Type or print) IF UNDER 24 HRS. S. SEX 9. AGE (In years 6. COLOR OR RACE DATE OF BIRTH 7 MARRIED X NEVER MARRIED last birthday) Months Days Hours 12-13-1896 MALE BLACK . and in any DIVORCED 12 CITIZEN OF WHAT 10o USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired)
RETIRED CUSTODIAN INDUSTRY CUMBERLAND. MD. BUTIDING 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME by the attendance phys ar remayal, JAMES MONTGOMERY NETTTE LEE WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16 SOCIAL SECURITY NO. Address (Yes, na, ar unknown) (If yes give war ar dates of service MEMORIAL HOSPITAL, CUMBERLAND, MD. 219-14-6084 crematian. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (a)-(b), and (c).) signed by the burial-transit p PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (a) JUUX DUE TO Conditions, if ony, which gave rise to immediate cause (a), DUE TO stoting the underlying couse Page 4 may be retained by the haspital ar attending as the TO FUNERAL DIRECTOR: After this certificate has been last WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) ad far use of Health p NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) 20g. ACCIDENT WAS LINDERLYING [OR CONTRIBUTING CAUSE OF DEATH be detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (Stote) 20c TIME OF INJURY Month, Day, Year Hour a.m. factory, street, office bldg., etc.) While Not While at work 21. I certify that (1) (this haspital) attended the deceased fram 196, that (1) (we) last M. from causes and an the date stated above. 1966, and that death occurred a saw the deceased alive an 22a. SIGNATURE 22b. DATE SIGNED ATTENDING M.D. DIRECTOR PHYS. director, page shauld be filed 22d. ADDRESS 22c PHYSICIAN'S N. CENTRE ST. NAME (Type) LAMES WILLIAM 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, 23b. DATE THEREOF (County) (State) REMOVAL (Specify) Cumberland Allegany Md. Woodlawn Burial Park Buria 2Sa. REC'D BY REGISTRAR 2Sb REGISTRAR'S SIGNATURE 24, FUNERAL DIRECTOR 11966 230 Baltimore Ave. Cumberland

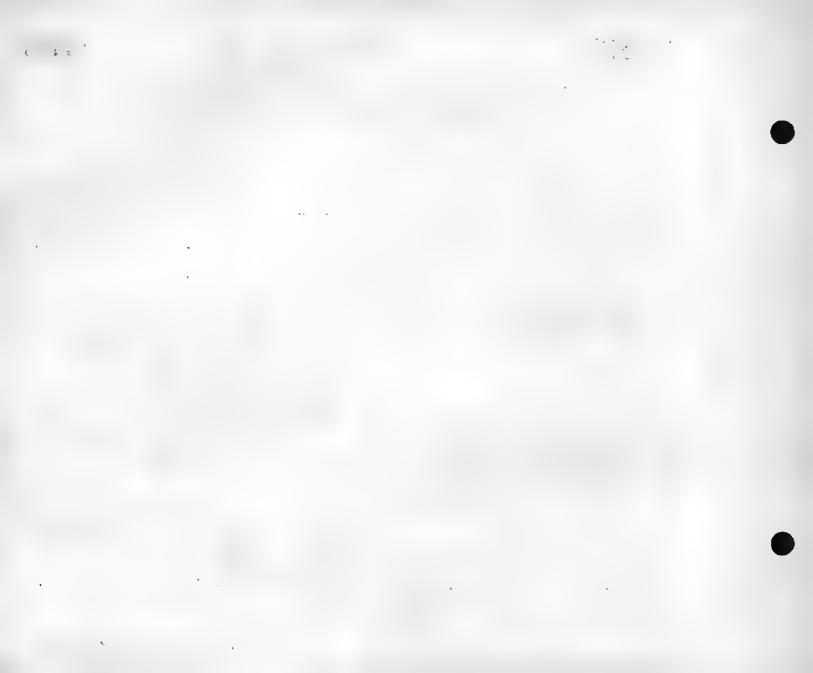


MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 FOR STATE 07805 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) a COUNTY o STATE Allegany b COUNTY delay is and 3 to West Virginia Mineral with the State Department of within 72 hours after death. MARY, AND b CITY OR TOWN (If outside carparate limits c LENGTH OF STAY IN 16 c CIY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give negrest town) Cumberland Ridgeleu d NAME OF HOSP TAL OR INSTITUTION (if not in hosp ta, give street oddress) d STREET ADDRESS e IS RESIDENCE ON A FARM? Memorial Hospital 164 Main St. YES NO X Item 18. Give Pages 24 hours ofter death 3 NAME OF First Midd-e Manth Day Year DECEASED Earl June 1966 Moore Type or print _amara DEATH S SEX 6 COLOR OR RACE B DATE OF BIRTH AGE (In years F UNDER 1 YEAR IF UNDER 24 HRS 7 MARRIED NEVER MARRIED Jost birthday) Hours 8/12/07 White WIDOWED DIVORCED 10a USUAL OCCUPATION (Give kind of work done 106 KIND OF BUSINESS OR 1 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired)

Bricklaijer COUNTRY? INDUSTRY Construction Cumberland, Md. 13 FATHER S NAME penci Exomine 14 MOTHER'S MAIDEN NAM be exercted within Annie F. Linabura File IS. WAS DECEASED EVER IN U.S. 16 SOCIAL SECURITY NO 17. INFORMANT Ridaeley. a bur al-tronsit permit, cremotion, or removal, (Yes no, or unknown) (It yes give war or dates of service) Mrs. Melba Moore 164 Main St. 214-07-4944 No INTERVAL BETWEEN 1B CAUSE OF DEATH (Enter on y one couse per line for (o), (b), and (c)) PART I. DEATH WAS CAUSED BY CORONARY OCCLUSION IMMED ATE CAUSE (b) This certificate should Conditions, if ony, which gave DUE TO CORONARY SCLEROSIS WITH THE OMBOSIS rise to immediate cause (a), DUE TO stoting the underlying cause used os buriol, c PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPS PERFORMED? NO 200 EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of njury in Part or Port II of item 18) PRIMARY Or CONTRIBUTING CAUSE OF DEATH 20c TIME OF INJURY Month, Doy, Year 20e PLACE OF NJURY (Hame, form, 20d INJURY OCCURRED (City or town) (County) Hour am. factory, street, office bida , etc.) Not While moy be reformed for your FUNERAL DIRECTOR: Poge of work ot work 21 I certify that I taak charge of the remains described above, held an Autopsy Inspection 📆, Inquiry X and in my ap n an death resulted from: Natural causes XX Accident Undetermined manner Hamicide CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE > O DEPUTY DEPUTY MED CAL EXAMINER X June 11, 1966 **EXAMINER'S** BENEDICT SKITARELIC, M.D. Health NAME (Type) Address (Street, city, town, or countyCumberland, Maryland 23c NAME OF CEMETERY OR CREMATORY 23g BURIAL CREMATION 23b. DATE THEREOF 23d LOCATION (City or Town) REMOVAL (Specify) 6/15/66 Sunset Memorial, Park Cumberland. Md. 250 REC'D BY REGISTRAR 25b REGISTRAR S SIGNATURE 24 FUNERAL DIRECTOR VR A15ME (5 Cumberland, Md Wayne George



75 1 (M)	ı	MARYLAND STATE Division of STATISTICAL RESEARCH AND RECORDS		PARTMENT OF HEALTH I W. PRESTON STREET, BALTIMORE, MARYLAI	ND 21201
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certificate be physician c hen please naval, and ir		FATHER'S NAME RUSSELL W.		14. MOTHER'S MAIDEN NAME ZELLA(STREET)	
ie death cei affending p permit. The	1S. (Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? s, no, or unknown) (If yes give wor or dates of service) NO 213–24–5860	17, 11	NFORMANT Address PT'S CHART	
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital ar attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached far use as the shoull be filed with the State Dept. af Health priar to	ATION	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED Typical some for Care is a grant			19. WAS AUTOPSY PERFORMED? YES [] NO []
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NG PHY the he er this e et detacl ate Dep	MEDICAL	Hour o.m. 19 White Not White of work	focto	CE OF INJURY (Home, form, ory, street, office bldg, etc.)	(County) (Stote)
TENDII vined by OR: Afri ould by		21. I certify that (1) (this haspital) attended the deceased fra saw the deceased alive ap 1966, and	m <u>.</u> I that	$\frac{22}{1}$, 1966, to $\frac{60}{1}$ - 5 t death accurred at $\frac{1}{1}$ M, fram causes an	
be refo DIRECT DIRECT DIRECT DIRECT		220. SIGNATURE A. Mine	M.D	D. ATTENDING MED. STAFF DIRECTOR PHYS.	22b. DATE SIGNED
SPITAL FRAL or, pu		NAME (Type) DR. L. BRINGS, M.D.		57 GREENE ST. CUMBERLANI	
Page of Function of Photos Pho		BURIAL, CREMATION, 23b DATE THEREOF 23c. NAME OF CEMETER 6/8/66 CULISET 1 TO		L GALDENS CL. 3. LAND. ALI	JIGALY, MAPYLAND
VR A15 (4)	1	FUNERAL DIRECTOR ADDRESS THE TRANSPORT AND DECOMPTED SET OFFICERS		250, RECD BY REGISTRAR 25b. REGISTRAR 25b. REGISTRAR	STRARS SIGNATURE



. 1	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201									
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rite be e	10a USUAL OCCUPATION (G ve kind of work dane during most of working life, even if retired) Sales mgr. bakery	11 BIRTHPLACE (County & Stote, or Foreign country) BALTIMORE, MD.	12 CITIZEN OF WHAT COUNTRY?							
e deoth certificate b othending physician permit. Then please on, or removal, and l	13. FATHERS NAME JESSE K. MYERS	14. MOTHER'S MAIDEN NAME REAKEX JEAN GON								
he deoth ottendis permit.	WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT 214-09-9186 MEMORIAL HOSPITAL, CUMBERLAND, MD.									
the matter	1B CAUSE OF DEATH (Enter only one couse per line for (a), (b) ond (c).) PART 1 DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO	my Thrombonia	INTERVA BETWEEN ONSET AND DEATH							
requires the g physicion is signed by e buriol-tro	Conditions, if any, which gove itse to immediate cause (a), stating the underlying cause DUE TO									
ITAL OR ATTENDING PHYSICIAN: The low remay be retained by the hospital or ottending RAL DIRECTOR: After this certificate has been page 3 should be detached for use as the be filed with the State Dept. of Health prior to	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RE	LATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)	19. WAS AUTÓPSY PERFORMED?							
PHYSICIAN: e hospital or his certificate stached for u Dept. of Heal	OR CONTRIBUTING C CAUSE OF DEATH	OCCURRED. (Enter nature of injury in Part I or Port II of item 18.)	YES NO							
G PHYSIC the hospit this certi detached	(IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year Haur o m. pm. 19 While at wark 1 at While at wark	20e. PLACE OF INJURY (Hame, farm, factory, street, office bldg, etc.)	(County) (State)							
ATTENDINA stained by CTOR: After should be inh the Stoil	21 certify that (I) (this haspital) attended the deceased	and that death accurred at 2 2 2 5m, from cayses	and an the date stated above							
OR ATTENIOR DIRECTOR: 4	22a. SIGNATURE MALLELLE TO THE SIGNATURE SIGNATURE TO THE SIGNATURE SIGNAT	M.D. PHYS DIRECTOR PHYS.	22b. DATE SIGNED 6							
O HOSPITAL OR ATTENDING PH Page 4 may be retained by the h O FUNERAL DIRECTOR: After this director, page 3 should be detac should be filed with the Stote Der	NAME (Type) DR. R. J. WILLIAMS	122 S. CENTRE								
TO HOSPII Page 4 m TO FUNER director, should bi	burial 6-20-66 Rest Ha	AFTERY OR CREMATORY 23d LOCATION (City or To-	n, Md.							
VR A15 (4)	24. FUNERAL DIRECTOR ADDRESS Minnich Funeral Home, Hagerst		GISTRAR'S SIGNATURE							



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07803 CERTIFICATE OF DEATH PHYSICIAN: Thm law requires that the death certificate be executed within 24 hours after death and e and campletely filled in by the funeral pave carban gapers. Pages Y and PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a COUNTY o. STATE **b** COUNTY ALLEGANY MARYLAND b CITY OR TOWN (If outside carparate fimits, C LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RIDGELEY DAYS d STREET ADDRESS d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) e IS RESIDENC ON A FARM? ROUTE #1. MEMORIAL HOSPITAL YES NO-3. NAME OF 4. DATE First Lost Year nave carban Doy DECEASED NASH JUNE **JOHN** R. 1966 (Type or print DEATH DATE OF BIRTH AGE (In years S SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED 6 ast birthday) Doys Months Hours 21.1896 WHITE MAL E WIDOWED 10o, JSUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT ONDUSTRY during most of work ag life, even it retired ILLINOIS -CHAPIN 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ar remaya JOHN M. NASH ANNIE ROLF IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16 SOCIAL SECURITY NO (Yes, no, or unknown) (If yes give war or dotes of sepuce MEMORIAL HOSPITAL -CUMBERLAND. MD. INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per lige for (o), (b), and (c) Urial-transit ONSET AND DEATH PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO signed I Conditions, if any, which gave (b) rise to immediate couse (a), DUE TO stoting the underlying couse O FUNERAL DIRECTOR: After this certificate has been as the lost. 19. WAS AUTOPM PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO Page 4 may be retained by the hospital ar ā 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING [detached for the Dept of F OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20e PLACE OF INJURY (Home, form, (City or town) (County) (State) 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED foctory, street, office bldg., etc.) Not While of work ot work 21. I certify that (I) (this hospital) attended the deceased fram 191:400-A.M. _, 19___, that (I) (we) last M, fram causes and an the date stated above and that death accurred at saw the deceased alive on 22b. DATE SIGNED 22o. SIGNATURE ATTENDING STAFF PHYS. M.D DIRECTOR directar, page 3 shauld b≡ filed v 22d. ADDRESS 22c. PHYSICIAN'S ROYCE HODGES 122 S. CENTRE ST., CUMBERLAND, MD NAME (Type) DR. W. 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City of Town) 23b DATE THEREOF (County) 230 BURIAL CREMATION. Bu Tial June 16.1966 Dryis Memorial Cemetery Cumberland . Md . All arany REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR **ADDRESS** Scarrelli, Cumberland, Md. VR A15 (4) 20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Whare daceased lived, if institution, Residence before edmission) COUNTY a. STATE b. COUNTY Allegany the T MARYLAND Mary Land Allegany
c. CITY OR TOWN (If outside corporals limits, write RURAL and give necessitions) b. CITY OR TOWN (if outside corporate limits, E LENGTH OF STAY IN 16 write RURAL end give neerest town) Luke Luke d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Prayy St. YES NO Pratt 3. NAME OF DATE DECEASED OF (Type or print) DEATH Nora Stull Nichol 9. AGE (In years IF JNDER) YEAR 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER 24 HRS. B. DATE OF BIRTH lest birthdey) Months Deys event, Female WIDOWED -Feb B RTHPLACE (County & Stele, or foreign country) 10e. USUAL OCCUPATION (Give kind of work remove 10b. KIND OF BUS.NESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY! dona during most of working bie, even if retirad) House-wife Shanksville, II _S_a 13. FATHER'S NAME Edmund Stull Elizabeth Raymond 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 17 INFORMANT (Yes, no, or unkown) (Ifyes give wer or detes of service) Mrs. Thelma Ack, Luke, Md. 18. CAUSE OF DEATH [Finter only one cause per line for (a) (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Myocardial Degeneration IMMEDIATE CAUSE (e) 6 Months 422 DUE TO Conditions, if eny, which Cholecystitis- cholelthiasis (b) geva rise to Immediate cause DUE TO (a), steting the underlying Arterio-sclerosis PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6), 19. WAS AUTOPSY PERFORMED? NO 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of Item 18.) 200. ACCIDENT WAS UNDERLYING TI OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED | 20e, PLACE OF INJURY (Homa, farm, 20f. (City or town) (County) (Stata) factory, street, office bldg., etc.) Not While While Hour e.m. et work et work 21. I certify that (I) (this hospital) attended the deceased from.....4/15/65., 19...., to....6/25/66., 19....., that (I) (we) last saw the deceased alive on June 28 ... 19....66 and that death occurred at...I.A.M., from the causes and on the date stated above. 22b. DATE 22a. SIGNATURE SIGNED ATTENDING STAFF DIRECTOR PHYS. 22d, ADDRESS 22c PHYSICIAN S NAME (Type) Wolverton Sr. - Green St. t. Piedmont W Va ... 23c NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, | 23b June 30/66 Walker Cemeterv O Shanksville. 258. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE Piedmont. 15M 9/60

AARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 787 law requires that the death certificate be executed within 24 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before agmission) o. COUNTY o. STATE b. COUNTY ALLEGANY ALLEGANY MARYLAND the attending physician and completely filled in by the sit permit. Then please remove carbon papers. Pages b. CITY OR TOWN (If outside corporate imits, c LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Write RURA, and give represt town)
CUMBERLAND LA VALE DAYS d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? 9 CAMPGROUND MEMORIAL HOSPITAL RD. YES 🗍 NO 🔼 Middle NAME OF DATE Month Lost Dov Year DECEASED LOUIS HOWARD NIES JUNE 19 66 (Type or pont) DEATH IF UNDER 24 HRS SEX 6 COLOR OR RACE 9. AGE (n years IF UNDER 1 YEAR 7 MARRIED XIX DATE OF BIRTH NEVER MARRIED lost birthdoy) Months MALE WHITE DIVORCED 13, 1897 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12 CITIZEN OF WHAT 1) BIRTHPLACE (County & Stote, or foreign country) during most of working life, even if retired) NDUSTRY Olesale Food COUNTRYS PITTSBURGH. RETIRED 13 FATHER S NAME 14 MOTHER'S MAIDEN NAME JOHN NIES SUSAN KEEFER 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT Address (Yes, no, or unknown) (If yes give wor or dotes of service) 214-05-6476 yes ME MOR I AL CUMBERLAND 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) INTERVAL BETWEEN burial-transit PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o) **DUE TO** Conditions, if any, which gave rise to immediate couse (a), DUE TO stoting the underlying couse Toge 4 may be retained by the hospital or attending to FUNERAL DIRECTOR: After this certificate has been the PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO JAY TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) WAS AUTOPSY PERFORMED? for use CERTIFICAT 20o. ACCIDENT WAS UNDERLYING [205 DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port (or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year Hour om. Not While foctory, street, office bldg., etc.) ot work of work 21. I certify that (1) (this haspital) attended the deceased fram. 400 19 _____, that (I) (we) last 19 66, and that death occurred at 3:22M Hom couses and an the date stated above. saw the deceased alive on 22o. SIGNATURE 22b DATE SIGNED M.D DIRECTOR L 22d, ADDRESS 22c PHYSICIAN S VIRGINIA AVE., CUMBERLAND 133 OVERTON STIMMELWRIGHT NAME (Type) director, should b 230 BURIAL, CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) MEMOVAL (Specify) 8.1966 June Hillcrest Burial Park Cumberland, Md. Allegany 25o. REC'D BY REGISTRAR 25h. REGISTRAR'S SIGNATURE James F. Scarnelli, Cumberland, Md. VR A15 (4) 20 M 1/66 VCharlen



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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07817 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death. 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) PLACE OF DEATH o. COUNTY o. STATE b. COUNTY ALLEGANY MARYN LAND ALLEGANY MARYLAND c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate inmits, write RURAL and give nearest town) b CITY OR TOWN (If outs de corporate limits, 13 DAYS CUMBERLAND d STREET ADDRESS physician and campletely filled in en please, ramave carbon papers. d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) IS RESIDENCE ON A FARM? SACRED HEART HOSPITAL 24 N. WAVERLY TERRACE NO V 3 NAME OF Middle Lost 4. DATE First Month DECEASED WILBUR CASWELL 6/16/66 OTTO (Type or print) DEATH S. SEX B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 60 birthdoy) Doys MALE WH WIDOWED DIVORCED 12 CITIZEN OF WHAT 10o USJAL OCCUPATION (Give kind of work done 11 BIRTHPLACE (County & State, or foreign country) 14 MOTHER'S MAIDEN NAM WAS DECEMSED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT (Yes, no, or tirknown) (If yes give wor or dotes of service) PT'S CHART 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) NTERVAL BETWEEN signed by the burial-transit p PART I DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate cause (a), DUE TO stating the underlying couse as the priarta TO FUNERAL DIRECTOR: After this certificate has been lost. 19. WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) YES 🔲 NO C <u>Jo</u> 200 ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 205 DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18.) detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Dd INJURY OCCURRED 2De PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 2Dc. TIME OF INJURY Month, Doy, Year factory, street, office bldg, etc.) Hour o.m. Not While ot work at work (- 16 - 1946, that (1) (we) last 2). I certify that (I) (this haspital) attended the deceased from 5 - 4 , 19 /c/c , to ___ Page 4 may b retained director, page 3 should should be filed with the saw the deceased alive an C-1/6-1966, and that death accurred at_ M, from causes and an the date stated above. 22o. SIGNATURE 22b. DATE SIGNED ATTENDING M.D. DIRECTOR PHYS PHYS 22d ADDRESS 22c PHYSICIAN'S DR. L. BRINGS NAME (Type) 23c. NAME OF CEMETERY OR CREMATOR' 23d LOCATION (City or Town 230 BURIAL CREMATION 23b DATE THEREOF (County) (Stote) REMOVAL (Speyfy out on Park LPU **ADDRESS** 2So, REC D BY REGISTRAR 24. FUNERAL DIRECTOR



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17813 MEDICAL EXAMINER'S CERTIFICATE OF DEATH MEALTH DEPT PLACE OF DEATH 2 USUAL RESIDENCE (Where deceosed lived, if institution, Residence before admission) a COUNTY 3 to Page m STATE Allegany b COUNTY Morgan MARYLAND Department b CITY OR TOWN (If outside corporate limits, CLENGTH OF STAY IN 1b. c CITY OR TOWN (if guitside carparate mits, write RURA, and give negrest tawn) write RURAL and give nearest town) Cumberland 2 h
d NAME OF HOSP TAL OR INSTITUTION (If not in haspital, give street address) 2 hours Paw Paw. d STREET ADDRESS IS RESIDENCE ON A FARM? hours in Item 18. Give Pages 1, r's Office along with farm Memorial Hospital c/o Postmaster NO X 3 NAME OF Middle 4 DATE Manth Year DECEASED 19 66 Glenn Overly June within (Type or print) DEATH with 6 COLOR OR RACE 7. MARRIED TO 9. AGE (In years IF UNDER YEAR IF UNDER 24 HRS NEVER MARRIED B DATE OF BIRTH lost buthdoy) July 26. White WIDOWED DIVORCED and 2 event TOa USUA, OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT during most of working le, even if refired)
Rail Road Brakeman B. & O. R.R. in pencil in i Examiner's (Berkeley Spgs. W. Va. AUD pencil 13. FATHER'S NAME .⊑ be executed with (Dec.) John Oyerly Myrtle Ridgeway. and IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT rd "pending" in Chief Medica! E (Yas, na, ar unknown) (If yes give war ar dates of service) remayal. Mrs Katherine H. Overly, Faw Paw, W. Va 1B CAUSE OF DEATH (Enter only one cause per ne for (a), (b), and (c)) INTERVAL BETWEEN PART I DEATH WAS CAUSED BY. Coronary Occlusion SWEETH 5 MMED ATE CAUSE (a). writing the ward s a bunal-tra crematian, o This certificate shauld DUE TO Coronary Sclerosis Conditions if only, which gove rise to immediate cause (a) DUE TO stating the underlying cause PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19 WAS AUTOPSY PERFORMED? NO Z 20a EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 1 of item 18) PRIMARY Or CONTRIBUTING CAUSE OF DEATH 20c TIME OF INJURY Manth, Day, Year 20d IN.JRY OCCURRED 20e PLACE OF IN. URY (Home, form, (City or town) (County) (Stote) foctory, street, office bldg., etc.) Not While at wark 21. I certify that I took charge of the remains described above, held an Autopsy Inspection X. Inquiry X and in my opinion the funeral director. Natural causes X Accident . Suicide . Hamicide Undetermined manner death resulted from: CHIEF MEDICAL EXAMINER 5 may be reta

TO FUNERAL DIS

Health or its d ACTUAL 22. DATE SIGNED ASSISTANT MED CAL EXAMINER SIGNATURE DEPUTY MED CAL EXAMINER June 9. **EXAMINER'S** Benedict Skitarelic, M.D. Address (Street, city, town, or county) Cumberland, Md. 23b DATE THEREOF BURIAL, CREMATION. 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) REMOVAL (Spec fy) Cacapon Cem 250 REC D BY REGISTRAR Great Cacapon, 24 FUNERAL OTRECTOR 25b REGISTRAR'S SIGNATURE

Johnson Funeral Homes, Berkeley Springatial

VR A15ME (5)



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07814 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institut on Residence before admission) o COUNTY 2, and 3 ta PM3. Page o STATE b COUNTY Allemny Maryland Allegany 7 after death. MARYLAND b CITY OR TOWN (If outs de corporate limits water RURAL and give negrest town) c CITY OR TOWN (If outside corporate in ts, write RURAL and give nearest town) CLENGTH OF STAY IN 16 61 years Flintstone / **KHMKKKKHM** d. NAME OF HOSPITA. OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS B IS RESIDENCE ON A FARM? farm hdurs D. O. A. Sacred Heart Hospital Star Route Give Pages YES NO KO after death. Office alang with 3 NAME OF First 4 DATE Month Year with the S DECEASED OF 1966 Poole 24 Ernest June (Type or print) DEATH S SEX IF UNDER 1 YEAR 6 COLOR OR RACE B DATE OF BIRTH 9. AGE (n years IF UNDER 24 HRS 7 MARRIED NEVER MARRIED January 14, 1905-876 rthdoy) tem 18 White WIDOWED DIVORCED haurs Male event 11 BIRTHPLACE (State or foreign country) 10p. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Salf Employed Cumberland, Md. dny . 5 pages in any 13 FATHER'S NAME pencil 14 MOTHERS MAIDEN NAME be executed within Thornton Poole Margaret A. Iser and IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dotes of service remayal. Mrs. Regina Poole, Flintstone, Md. -Wife no INTERVAL BETWEEN IB. CAUSE OF BEATH (Enter on y one couse per line for (o), (b), and (c)) burial-transit PART I DEATH WAS CAUSED BY Hemothorax. bilateral þ IMMEDIATE CAUSE (o) This certificate shauld cremation, DUE TO Crushed chest Conditions if ony, which gove rise to immediate couse (a). DUE TO stoting the underlying couse burial, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NA. D SEASE COND T ON GIVEN IN PART 1(a) 19 WAS AUTOPS PERFORMED? please execute the certificate, YES ... NO agent, priar to 200 EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 1B.) PRIMARY TO CONTRIBUTING FT 4 shauld CAUSE OF DEATH Driver in Accident 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) of work of war foctory, street, office bldg, etc.)
Street may be retained far yaur FUNERAL DIRECTOR: Page 1966 Cumberland, Alleg, Maryland 6:30 pmJuna 2lt designated 21. I certify that I took charge of the remains described above, held an Autopsy 🔯 Inspection T. Inquiry X and in my apinion the funeral director. death resulted from: Natural causes , Accident 7. Suicide . Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER O DEPUTY DEPUTY MEDICAL EXAMINER June 24, 1966 P **EXAMINER'S** 5 may O FUNE Health Address (Street, city town, or county) imbarland. Md. Benedict Skitarelic. M.D. NAME (Type) 230 BURIAL CREMATION 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOVAD(Specify)_ 7 June 27,1966 Cumberland-Allegany, Md . Sunset Memorial Park 24. FUNERAL DIRECTOR 2So. REC D BY REGISTRAR 25b REGISTRAR'S SIGNATURE James F. Scarpelli. Cumberland, Md. VR A15ME (5) VClianten 6M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Aly filled in by the funeral and 2 papers. Pages 1 and 2 within 72 hours after death requires that the death certificate be executed within 24 haurs after death 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission O. COUNTY ALLEGANY O. STATE MARYLAND b COUNTY ALL EGANY MARYLAND CLENGTH OF STAY IN 16 c CITY OR TOWN (If outside carparate amits, write RURAL and give negres) town) b CITY OR TOWN (If outside corporate I mits, Write RIPAL and give negrest town) DAYS **ELLERSLIE** d NAME DE HOSPITAL DR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? MEMORIAL HOSPITAL physician and campletely filled en please remains BOX 181 YES 🗔 NO L 3. NAME OF Middle First Lost 4. DATE Yeds 6 DECEASED PORTER JUNE 16 **JAMES** VERNON 19 (Type or pnnt) DEATH and in any event, IE UNDER 1 YEAR IF UNDER 24 HRS 6 COLOR OR RACE 8. DATE OF BIRTH AGE (In years 7 MARRIED **NEVER MARRIED** 3-27-1884 (de pinhday) Months Days Hours WIDOWED X WHITE MAI F DIVORCED 10g JSUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12. CTIZEN OF WHA! during most of warking I fe, even if retired) INDUSTRY COUNTRY? State Line, Pa. Railroad Conductor 13. FATHER'S NAME NORMAN PORTER 14. SOTHER & THIDEN STERAH remaval, WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address (Yes, ng. or unknown) If If yes give war ar dates of service) MEMORIAL HOSPITAL CUMBERLAND. 716-10-57d1 INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one cause per line for (9), (b), and (c)) burial-transit ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO signed Conditions, if any, which gave rise to immediate cause (a), DUE TO storing the underlying couse as the Page 4 may be retained by the haspital or attending WAS AUTOPSY O FUNERAL DIRECTOR: After this certificate has PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? far use Health Leron Golfon MC . CECLOP 205 DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part I ar Part II af item 18.) 20g ACCIDENT WAS UNDERLYING detached for OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e, PLACE OF INJURY (Home, farm, (City or town) (County) (Stote) 20c TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED factory, street, office bidg, etc.) 21. I certify that (1) (this hospital) attended the deceased from : 45 M. Arem causes and an the date stated above 19 66, and that death accurred at saw the deceased alive an 22a SIGNATURE STAFF PHYS. **ATTENDING** director, page 3 should be filed v M.D. DIRECTOR PHYS 22d. 22c. PHYSICIAN'S WASHINGTON WEISMAN ST. CUMB. MD. NAME (Type) 23b DATE THEREO 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) 23o. BURIAL, CREMATION. (County) REMOVAL (Specify) Porter Cemetery Hyndman, Pa. FUNERAL DIRECTOR 2Sa. REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE Ocharles Hyndman.Pa



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 U7806 CERTIFICATE OF DEATH law requires that the death certificate be executed within 24 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) physician and campletely filled in by the funeral en please remaye, arbon, papers. Pages I and o. STATE W. o. COUNTY b. COUNTY ALLEGANY MARYLAND b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) CLENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 54yrs RIDGELEY CUMBERIAND d. NAME OF HOSP TAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e IS RESIDENCE ON A FARM? 128 Main St. SACRED HEART HOSPITAL YES NO PO NAME OF First Middle Lost 4. DATE Month Doy Year ent w DECEASED 19 66 Margherita 8 Raso June (Type or print) DEATH 8 DATE OF BIRTH IF JNDER I YEAR SEX 9. AGE (In years I IF UNDER 24 HRS 6 COLOR OR RACE 7 MARRIED **NEVER MARRIED** birthdoy) Doys Female White January 16,1884by the attending physician and ca transit permit. Then please rema-cremation, or removal, and in any WIDOWED DIVORCED 100 JSUAL OCCUPAT ON (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired)
Housewafe COUNTRY? INDUSTRY Italy -Rome Own Home Italv_ 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Antonio Tallacco Maria ? 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dates of service Mrs. Sam Marcherita, Ridgeley, W. Va. no INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BYsigned by the bur at-transit g ONSET AND DEATH MUSCARDING L IMMEDIATE CAUSE (o) DUE TO GNERALIZED ARTICUSCLERNES Conditions, if ony, which gove rise to immediate couse (a), DUE TO stating the underlying couse as the TO FUNERAL DIRECTOR: After this certificate has been last. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) CHABBTIS NO YES 🗌 MELLITIS 200 ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e, PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED foctory, street, office bldg., etc.) James, 1962, to Dunes . 196, that (I) (we) last 21. I certify that (I) (this haspital) attended the deceased from. director, page 3 should should be filed with the 1966, and that death occurred at ZA M, from couses and an the date stated above. saw the deceased alive on 7 22o. SIGNATURE 22b. DATE SIGNED MED. DIRECTOR ATTENDING STAFF PHYS. M.D 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 4 SMALLWOOD 1 MB BILLIAM DMD MICHMEL 126 N-23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION 23b DATE THEREOF (County) (Stote) REMOVAL (Specify) June 11,1966 St. Mary's Cemeterv Cumberland, Md. 250. REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR James F. Scarpelli, Cumberland, Md. VR A15 (4) 20 M 1/66



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where decassed lived, If Institution: Residence before edmission e. COUNTY STATE b. COUNTY ALLEGANY by the and 2 death. MARYLAND ALLEGANY MARYLAND b. CITY OR TOWN (if oulside corporate limits c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town)
FROSTBURG MINUTES FROSTBURG. RT. 2 5 ZIHLMAN) within Pages d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE papers. Pag n 72 hours ON A FARM? MINERS HOSPITAL YES NO X completely NAME OF Middle Lasi 4. DATE Year Month Dev DECEASED OF (Type or print) ANNA **EDNA** RIZER DEATH JUNE 11. 66 19 and con carbon it, withir 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 7. MARRIED T NEVER MARRIED 9. AGE (In years IF UNDER 1 YEAR) IF UNDER 24 HRS ast birthday] Months Hours event DIVORCED | NOV. 11. 1899 REMALE WIDOWED [10s. USUAL OCCUPATION (Give kind of work гетоме 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & Stale, or foreign country) I 12. CITIZEN OF WHAT COUNTRY done during most of working life, even if retirad) HOUSE WORK OWN HOME PENNSYLVANIA U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME G g EMANUEL COLEMAN SARAH HESS 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16 SOCIAL SECURITY NO. | 17. INFORMANT Address removal, (Yas, no, or unkown) ((Ifyas give war or dalas of service) 217-30-1595A attending physician. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN þ ONSET AND DEATH PART I. DEATH WAS CAUSED BY-IMMEDIATE CAUSE (a) been signed has been signed ne burial-transit p DUE TO Conditions, if any, which gave rise lo immediata causa **DUE TO** (a), stating the underlying 8 PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART IIal 19. WAS AUTOPSY CERTIFICATION the hospital \$ 0 PERFORMED? NO X U\$8 prior 20a ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED [Enter nature of injury in Part I or Part II of item IB.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED I 20s. PLACE OF INJURY (Home, farm, ; 20f. (City or town) (County) [State] While Not While fectory, streat, office bldg., etc.) ö al work at work p.m. DIRECTOR: 21. | certify that (I) (this hospital) attended the deceased from.... .c.a, and that death occurred at19 My from the causes and on the date stated above. saw the deceased alive on 228 SIGNATURE 22b. / DATE ATTENDING MED. PHYS. DIRECTOR PHYS. death. Page 4 HOSPITAL 22d. ADDRESS 22c. PHYSICIAN'S NAME (Typa) JOHN B. DAVIS, M. D. BROADWAY, FROSTBURG, MD. filed v 23a. BURIAL, CREMATION, 1 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) OF CUMBERLAND, MD SUNSET 24 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** JOSEPH R. DURST, SR., FROSTBURG, VR A15 (4) 20M 5-63

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07813 CERTIFICATE OF DEATH and PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) requires that the death certificate be executed within 24 haurs after dea o. COUNTY o. STATE b. COUNTY Allegany Maryland Allegany MARYLAND b EITY OR TOWN (If outside carparate limits, c LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Cumberland 9 days Cumberland d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? Rt. #2 with.n. Sacrad Heart Hospital YES NO I event, with NAME OF Middle Lost 4 DATE Month Doy Year physician and completely DECEASED OF 26 66 Type or print) Abbie Robertson DEATH 19 IF UNDER 1 YEAR Female 6 COLOR OR RACE DATE OF BIRTH AGE (In years IF UNDER 24 HRS 7 MARRIED **NEVER MARRIED** cet hirthday) Days Hours 6/3/93 DIVORCED WIDOWED White 10a US_AL OCCUPATION (Give kind of work done during most of working life, even if retired) 12 CITIZEN OF WHAT 10b KIND OF BUSINESS OR 11 BIRTH: LACE (County & State, or foreign country) INDUSTRY U.S.A Allegany Co. Infirmary Maryland Retired 13. FATHER'S NAME 14. MOTHER'S MAIOEN NAME ar removal. signed by the attending phy Norval Kerns Rachel Barnes WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. INFORMANT Address (Yes, no, ar unknown) (If yes give war or dates of service) 215-36-9689 Chart Richard Fagan Route 2. Cumberland INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), PART I DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (o) 4201 DUE TO Conditions, if only, which gove rise to immediate cause (a), DUE TO stating the underlying cause as the O FUNERAL DIRECTOR: After this certificate has been WAS AUTOPSY PERFORMED? PART 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) CERTIFICATION far use NO 200 ACCIDENT WAS UNDERCYING 205 DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part I or Part II of Item 18.) OR CONTRIBUTING TAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, form, 20f. (City or town) (County) (State) 20c TIME OF INJURY Month, Ooy, Year Haur a.m. factory, street, office bldg, etc.) Not While at work at work 19 6 that (I) (we) last 21. I certify that (I) (this haspital) attended the deceased fram 4 may be retained director, page 3 shauld shauld be filed with the 1966, and that death accurred at 85 M, fram causes and an the date stated above. saw the deceased alive an, 22a. SIGNATURE 22b. DATE SIGNEO ATTENOING DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 156 N Center Street 23o. BURIAL, CREMATION 23b OATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) Md Hillcrest Burial Park Near Cumberland, Alleg June 28. 25b REGISTRAR'S SIGNATURE 25g REC'O BY REGISTRAR 24- FUNERAL DIRECTOR Balto Ave., Cumberland, Many UN 20 M 1/66 S



	C7813		CERTIFICATE	OF DEATH		078	0.9
1.	PLACE OF DEATH	Notice van ar a management of the second			ICE (Where decessed lived,		ce before edmission
	b. CITY OR TOWN (if outside co	rporete limils, c.	MARYLAND LENGTH OF STAY IN 16		yland (If outside corporate limits, w	Alleg	any
	write RURAL and give neares Frostburg	if fown)					
	d. NAME OF HOSPITAL OR INST	TITUTION (it not in bosoite	nive street address)	d. STREET ADDRESS	aconing	www.	+ IS RESIDENCE
						t.	ON A FARM
ĺ	Miners H	lospital	Middle	Last KOC	kville Stre		YES NO X
	DECEASED (Type or print)				OF _		Yeer
		Mary	R	obertson	DEATH Jun		19 66_
		OR RACE 7. MARRIED	NEVER MARRIED 1 1 B	. DATE OF BIRTH	9. AGE (In year last birthdey	Months Deys	Hours Min.
	Female Whi			2/25/1888	18 yrs.	Monins Deys	Min.
D	one during most of working lifa, ex	ind of work 1Db. KIND	OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Cou	nly & State, or foreign countr	y) 12. CITIZEN O	F WHAT COUNTRY
	none FATHER'S NAME			Lonaconin	g. Maryland	u.s	.A
	Rober	t Patton				-	
15	. WAS DECEASED EVER IN U.S. A	ARMED FORCES? 16. SO	CIAL SECURITY NO. 17.	NFORMANT EUDIG	mia Chalmer	**************************************	
(Yı	os, no, or unkown) (Ifyasgive wei	rordelesof service)	1500	a Adolana	Walfard E-	o at been	BEA
	IB. CAUSE OF DEATH End	er only one cause per line		s.Adeline	MOTIOLG LL	rostburg	ERVAL BETWEEN
	PART I. DEATH WAS CAL	JSED BY,	1000	Daughter"	*	ON ON	BEIL AND DEVIN
	IMMEDIATE		ocaraial	A-OCN	emid	3	Jett 2- "
	C Pr. V	DUETO	1. 6 + 4	0. 1.	- 0 - 1	-	7
	Conditions, if eny, which geve rise to immediate cause	(b) Unien	tecleration	lardo va	scular dis	ease y	tours.
	(a), steling the underlying	DUE TO					7
	cause lest,	(c)					
CEKTIFICATION	PART IN OTHER SIGNIFICA	NT CONDITIONS CONTRI	BUTING TO DEATH BUT NO	T RELATED TO THE TERM	NAL DISEASE CONDITION G	GIVEN IN PART 1(a) 1	9. WAS AUTOPSY PERFORMED?
-	laule	viral	Pheumo	netes		,	YES NO
	20a. ACCIDENT WAS UNDERLY OR CONTRIBUTING [] CAUSE (OF DEATH	BEHOW INJURY OCCURRI	D. (Enter nature of injury	in Pert ar Pert II of item 18.)		
	(IF EITHER, NOTIFY MEDICAL E	XAMINER)					
	2Dc. TIME OF INJURY Mont	h, Day, Yeer 2Dd. INJU	JRY OCCURRED 2Da. PLA	CE OF INJURY (Many for	m, : 20f. (City or town)	(County)	(State)
		5 + 43 - 28		ory, street, office bldg. at	5)		
	Hour a.m.	While at work	Not Whila fact	ory, street, office bldg., et	5)		
	Hour a.m. p.m.	19 al work	Not Whila fact	ory, street, office bldg., et	.)	25 166,	hat (I) (wa) lo
	Hour a.m. p.m. 21. 1 certify that (I) (th	19 al work	Not Whila fact at work the deceased from	ory, street, office bldg., et	1966, 10 June.	25, 166, f	hat (I) (we) la
	Hour a.m. p.m. 21. I certify that (I) (th saw the deceased alive	19 al work	Not Whila fact at work the deceased from	ory, street, office bldg., et	.)	25., 19.5, to	te stated above
	Hour a.m. p.m. 21. 1 certify that (I) (th	19 al work	Not Whila at work 19 6 and that	death occurred at	1906; to the causes A.M. from the causes MED STAFF	s and on the dat	22b, DATE SIGNE
	Hour a.m. p.m. 21. I certify that (I) (the saw the deceased alive 22e. SIGNATURE	19 al work	Not Whila at work 19 6 and that	death occurred at S	1966; to Harris. A.M., from the causes	25, 166, to s and on the date	22b, DATE SIGNE
	Hour a.m. p.m. 21. I certify that (I) (th saw the deceased alive	19 al work	Not Whila at work 19 6 and that	death occurred at	1906; to the causes A.M. from the causes MED STAFF	s and on the dat	22b, DATE SIGNE
at on the same	Hour a.m. p.m. 21. I certify that (I) (the saw the deceased alive 22e. SIGNATURE 22c. PHYSICIAN'S NAME (Type) 1 P. BURIAL, CREMATION, 23b.	19 al work	Not Whila at work 19 (a.19 (a.6), and that	death occurred at 8 ATTENDING PHYS. 22d. ADDRESS	1906; to the causes A.M. from the causes MED. STAFF DIRECTOR PHYS.	s and on the dat	22b, DATE SIGNE
3	Hour a.m. p.m. 21. I certify that (I) (the saw the deceased alive 22e. SIGNATURE 22c. PHYSICIAN'S NAME (Type) REMOVAL (Specify) 23b.	19 al work is hospital) attended on. MILES DATE THEREOF 22	Not While at work 19 (Sec. NAME OF CEMETERY	death occurred at Z ATTENDING PHYS. 22d. ADDRESS OR CREMATORY	1906; to July 1. A.M., from the causes MED. STAFF DIRECTOR PHYS. C	s and on the dat	22b, DATE SIGNE
3	Hour a.m. p.m. 21. I certify that (I) (the saw the deceased alive 22e. SIGNATURE 22c. PHYSICIAN'S NAME (Type) 1 P. BURIAL, CREMATION, 23b.	19 al work is hospital) attended on 2. MILES DATE THEREOF 22:	Not While at work fect at work the deceased from 19 (C), and that	death occurred at Z ATTENDING PHYS. 22d. ADDRESS OR CREMATORY	1906; to July 1. A.M., from the causes MED. STAFF DIRECTOR PHYS. C	s and on the dat	22b, DATE SIGNE
WENCY!	Hour a.m. p.m. 21. I certify that (I) (the saw the deceased alive 22e. SIGNATURE 22c. PHYSICIAN'S NAME (Type) [] REMOVAL (Specify) Burial	19 al work is hospital) attended on. MILES DATE THEREOF 6/28/66	Not While at work fect at work the deceased from 19 (C), and that	death occurred at Z ATTENDING PHYS. 22d. ADDRESS OR CREMATORY	AM, from the causes MED. STAFF DIRECTOR PHYS. 23d. LOCATION (City, LONGON 1 COD BY REGISTRAR 25b. F	s and on the dat	22b. DATE SIGNI

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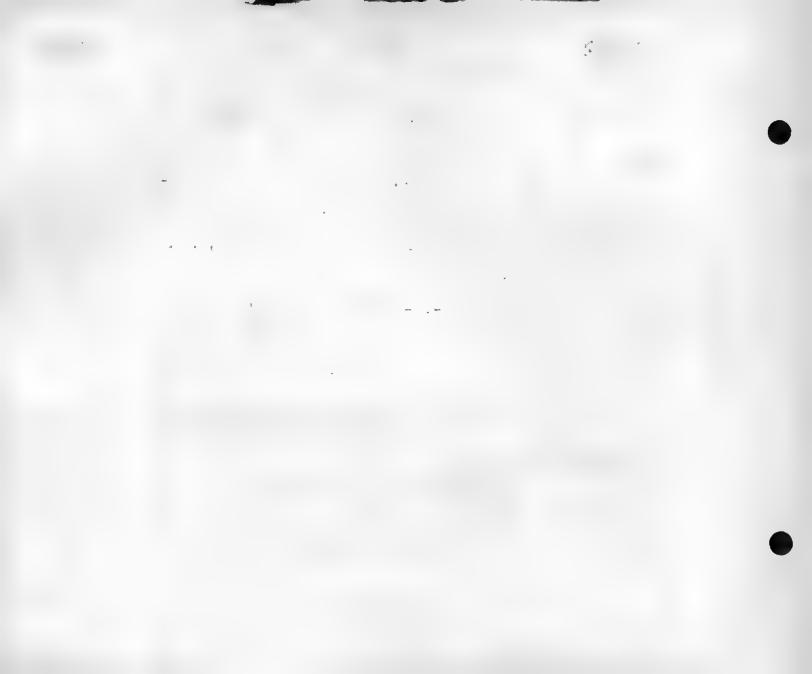
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07820 CERTIFICATE OF DEATH The law requires that the death certificate be executed within 24 hours after death and campletely filled in by the funeral deat 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission PLACE OF DEATH o. COUNTY o. STATE b. COUNTY ALLEGANY MARYLAND b CITY DR TOWN (If autside corparate limits, write RURAL and give nearest tawn) CLENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) Days FLINTSTONE d STREET ADDRESS e. IS RESIDENCE ON A FARM? d. NAME OF HOSP TAL DR INSTITUT ON (If not in hospital, give street address) SACRED HE RT HOSPITAL RT. # 2 YES NO X 3 NAME OF First Middle Last 4 DATE Manth Doy Yeor DECEASED 66 P. ROBOSSON June TH 'MAS 19 Type or print) DEATH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. S SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED DATE OF BIRTH last birthday) Months Days Hours MALE WHITE 7-31-04 WIDOWED DIVORCED 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State or foreign country) 12 CITIZEN OF WHAT during most of working ite, even if refired) USA COUNTRY? BEDFORD CO. PA. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME signed by the attending phy burial-transst permit. Then ANNA R. ROBINETTE TH MAS J. ROBOSSON IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address (Yes, no, or unknown) (If yes give war or dates of service 217-10-7684 PATIENT'S CHART INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) ONSET AND DEATH PART I. DEATH WAS CAUSED BY RREMARDINA IMMEDIATE CAUSE (a) attending physician DUE TO Canditions, if any, which gave rise to immediate couse (a). DUE TO stating the underlying cause prior tal TO FUNERAL DIRECTOR: After this certificate has been last WAS AUTOPS)
PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CERTIFICATION NO D none the hospital ar 20o. ACCIDENT WAS UNDERLYING [205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Manth, Doy, Year 2Dd. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, (City or town) (County) (State) Haur o.m. foctory, street, office bldg, etc.) Not While OR ATTENDING é 21. I certify that (1) (this haspital) attended the deceased fram 6 , 1906, ta (1-1)--Page 4 may be retained saw the deceased alive an w -19 66, and that death accurred at_ _M, fram causes and an the date stated above. 22b. DATE SIGNED 22m SIGNATURE -MED. DIRECTOR director, page 3 should be filed v M.D. 22d. ADDRESS 22c PHYSICIAN S NAME (Type) DR . GREENE ST., CUMBTRIAND, MD. LEWIS BRINGS 23d LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY (County) 230 BURIAL CREMATION 23b. DATE THEREOF REMOVAL (Specify)
Burial Cumberland Alleg Maryland 6/20/66 lillcrest Burial Park 24. FUNERAL DIRECTOR VR A15 (4) Buth E. Silcox Cumberland Maryland 21502 DATE 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 27827 requires that the death certificate be executed within 24 haurs after death 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admissiph PLACE OF DEATH o. STATE o. COUNTY ь соинту ALLEGANY MILERAL MARYLAND b CITY OR TOWN (If ourside corporate limits, write RURAL and give nearest town)
CUNBERLAND c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RIDGELEY W. Va. 2 HOURS campletely filled in d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? 1 BARNGORD ST. SACRED HEART HOSPITAL YES NO 12 Will NAME OF First Middle Lost 4 DATE Month Year DECEASED RYAN 19 66 WILLIAM MC KINLEY event, June (Type or pant) DEATH LP 5 S SEX 9 AGE (In years IF UNDER 1 YEAR IF LINDER 24 HRS 6 COLOR OR RACE 7. MARRIED 8. DATE OF BIRTH **NEVER MARRIED** 6 Just birthdoy) remove Dovs Hours 8-18-98 MALE WHITE and in any WIDOWED DIVORCED gud 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT 10a USUA, OCCUPATION (Give kind of work done physician a ten please during most of working He even if retired) COUNTRY? NPUSTRY Railroad SHENAND DAH. VA. attending physic permit. Then ple ian, ar removal, a 14. MOTHER'S MAIDEN NAME 13 FATHER S NAME KKIK KYIKH Maderaconvix Jacob Rvan Mollie Mc Cov 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address (Yes, no, or unknown) (If yes give war or dates of service) PATTENT'S CHART 705-12-2113 signed by the atter burial-transit perm burial, crematian, a no CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c)) INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Heart failure IMMEDIATE CAUSE (o). DUE TO Cor pulmonale 2 years: Conditions, if any, which gove rise to immediate cause (a). DUE TO stoting the underlying couse Emphyse ma 8 years by the haspital ar attending IO FUNERAL DIRECTOR: After this certificate has been the 19 WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) be detached far use State Dept. af Health YES NO X 205 DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port) or Port (I of item 38) 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER! 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year foctory, street, office bldg. etc.) Not While OR ATTENDING of work ot work 2). I certify that (I) (this haspital) attended the deceased from 5 = 8 . 1961 . ta 6 - 8 ... 1966, that (I) (we) last director, page 3 shauld shauld be filed with the saw the deceased alive an 6 - 8 1966, and that death accurred at 10 a.M. fram causes and an the date stated above. 22b. DATE SIGNED 220 SIGNATURE ATTENDING MED. DIRECTOR M.D PHYS. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S 62 GREENE ST., CUMBERLAND, MD. 21502 NAME (Type) RALPH W. BALLIN, MD. 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 230 BURIAL, CREMATION, 23b. DATE THEREOF (County) (Stote) PREMILYAL (Specify) Mt. Herman Cemetery Cumberland, Md. June 11 25b. REGISTRAR S SIGNATURE 24 FUNERAL DIRECTOR
James F. Scarpelli, Cumberland, Md. **ADDRESS** 2Sq. REC'D BY REGISTRAR VR A15 (4) (Charles Judge 20 M 1/66

BIL

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH death. requires that the death certificate be executed within 24 hours after death puo PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) p. COUNTY o. STATE b. COUNTY ALLEGANY ALLEGANY MARYLAND filled in by the fu papers Pages I hin 72 havrs afte b CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) c CITY OR TOWN (If autside carparate limits, write RURAL and give negrest town) CLENGTH OF STAY IN 15 3 Days FROSTBURG CUMBERLAND d. NAME OF HOSP TAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS e. IS RESIDENC ON A FARM? Box 167 SACRED HEART HOSPITAL YES NO 3 NAME OF Middle Lost 4. DATE First Manth Dov Year DECEASED 1966 SAVILLE 6-30 J. ELMER Type or print) DEATH AGE (In years IF UNDER 24 HRS. 5. SEX 6 COLOR OR RACE 8. DATE OF BIRTH 7 MARRIED NEVER MARRIED birthday) Manths Haurs WHITE MALE WIDOWED DIVORCED Jan. 26, 1926 10a USUA, OCCUPAT ON (Give kind of work done 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT physicion o during mast of wark no lite even frettred)
Tire builder Tire TISOUNTRY? GREENSPRING.W.VA. 14. MOTHER'S MAIDEN NAME 13 FATHER'S NAME Elmer Boyd Saville Sarah Grace Short the attending partition in the most of permitty the most of permitty of the most of the mo IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT (Yes, no or unknown) (If yes give war or dates of service 22-I8-5877 PATIENT'S CHART tronsit pe INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO signed | burial-tr burial, c Conditions, if any, which gave rise to immediate cause (a), DUE TO stating the underlying couse last PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) WAS AUTOPS PERFORMED? NO 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part I or Part II of item 18.) 20g ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e, PLACE OF INJURY (Home, form, (State) 20c TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20f. (City or town) (County) Hour a.m. factory, street, office bldg., etc.) at work TO FUNERAL DIRECTOR: After 21. I certify that (1) (this haspital) attended the deceased fram 27 Gune, 19 66, to 30 (home) sow the deceased alive on a 9 June 1966, and that death occurred at 60 A M, from causes and on the date stated above. 220 SIGNATURE 22b. DATE SIGNED ATTENDING June 66 DIRECTOR PHYS. PHYS director, poge should be filed 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Stagmaier James C. Cumberland 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23a. BURIAL CREMATION (State) (County) REMOVAL (Specify) SALISBURY-SOMERSET-CO FUNERAL DIRECTOR 25g, REC D BY REGISTRAR 2Sb. REGISTRAR S SIGNATURE VR A15 (4) 20 M 1/66 DATE



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07823 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence O. COUNTY LEGANY a. STATE b. COUNTY MARY! AND c CITY OR TOWN (If outside corporate amits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b b CITY OR TOWN (If autside carparate limits, HYNDMAN. DAYS Londonderry Township d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS RT.#I MEMORIAL HOSPITAL YES NO TX Middle 3 NAME OF 1651 Lost 4. DATE Year Month OF DEATH 1966 DECEASED JUNE ROY W SCRITCHFIELD (Type or print) AGE (In years S SEX 8. DATE OF BIRTH 6 COLOR OR RACE 7 MARRIED NEVER MARRIED birthday) Hours JAN.30,1896 WHITE WIDOWED X MALE DIVORCED 10a USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & State or fareign country) 12. CIT ZEN OF WHAT 10b KIND OF BUSINESS OR COUNTRY? during most at working life, even if retired) INDUSTRY PENNA. Railroad retired IISA .3 FATHER'S NAME 14 MOTHER'S MAIDEN NAME JAMES TORITCHFIELD Rebecca Tharn 17. INFORMANT WAS DECEASED EVER IN J.S. ARMED FORCES? 16. SOCIAL SECURITY NO (Yes, no, or unknown) (if yes give war ar dates of service MEMORIAL HOSPITAL, CUMBERLAND, MD. 705-07-9399 No 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN buriol-transit ONSET AND DEATH IMMEDIATE CAUSE (a) DHE TO Conditions, if any, which gave rise ta immediate cause (o). **DUE TO** stating the underlying cause last. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS)
PERFORMED? NO 4 <u>___</u> 205 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Port II of Item 18.) 200 ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH detached for the Dept. of B (IF EITHER, NOTIFY MEDICAL EXAMINER) 20f. (City or town) 20e, PLACE OF INJURY (Hame, form, (Caunty) (State) 20d INJURY OCCURRED 20c. TIME OF INJURY Month, Doy, Year factory, street, affice bldg., etc.) Nat While at work (e - 8 , 196/2 that (I) (we) last 21. I certify that (I) (this haspital) attended the deceased fram_ 19.63, ta_ Jazza. 1966, and that death accurred at 10 At Mom causes and on the date stated above. saw the deceased alive an 6-22a. SIGNATURE 22b. DATE SIGNED ATTENDING MED DIRECTOR STAFF PHYS. Q.M ADDRESS 4 N 22c. PHYSICIAN'S CENTRE ST., CUMBERLAND, MD WILLIAM P. NAME (Type) director, should be 23d. LOCATION (City or Town) BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (County) (Stote) Hyndman, Pa. RD#J Cooks Mills Coneta VR A15 (4) Hyndman, Pa.



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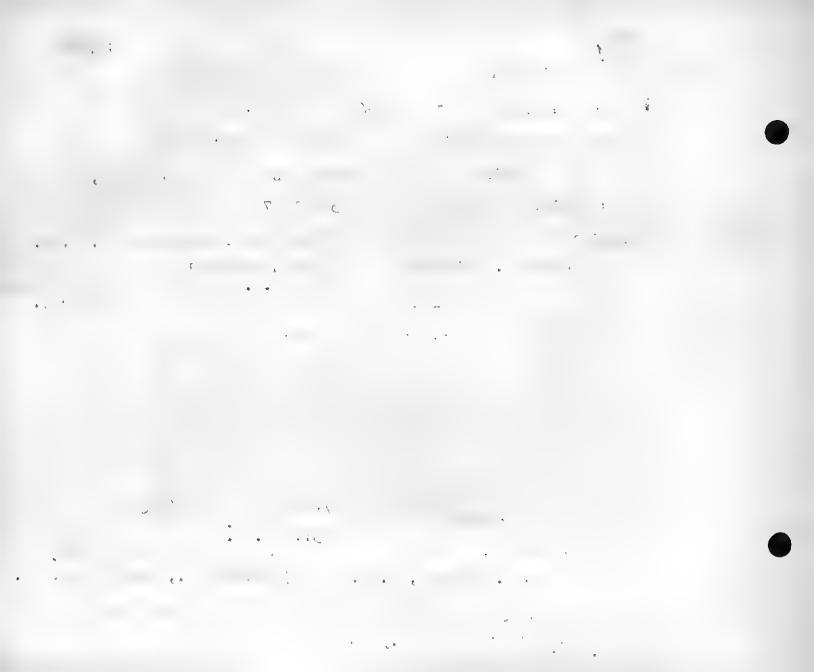
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH executed within 24 hours after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY a. STATE b. COUNTY Mary and Allemany ATTOPPONT MARYLAND b. CITY OR TOWN (if outside corporate limits. C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) 80 vears Cumberland .5 e. IS RESIDENCE ON A FARM? filled d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS 234 Virginia Avenue 234 Virginia Avenue YES NO PA with completely carbon NAME OF First Middle Last DATE Day DECEASED John E. Shaw DEATH June 10 66 (Type or print) 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED X SEX 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HR\$ and con remove 1 any eve 8. DATE OF BIRTH past birthday) Months | Davs Feb. 15. 1882 WIDOWED [Male White DIVORCED (attending physician a ermit. Then please re on. or removal. and in a £ 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT death certificate be during most of working life, even if retired) INDUSTRY COUNTRY? Cumberland, Md. Retired Railroad HSA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Mary Twigg Isaac Shaw 15. WAS DECEASED EVER INU.S. ARMED FORCES? 17. INFORMANT d by the attend transit permit. cremation, or re 16. SOCIAL SECURITY NO. Address (Yes, no, or unkown) (If yes give war or dates of service) Mrs. Harriet Pague, Cumberland, Md. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), INTERVAL BETWEEN ed by th transit O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the Page 4 may be retained by the hospital or attending physician. ONSET AND DEATH PART I. DEATH WAS CAUSED BY: been signed the burial transtrant to burial, cre IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate DUE TO cause (a), stating the 10 underlying cause last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY certificate hat hed for use at the period of PERFORMED? NO D 20a. ACCIDENT WAS UNDERLYING TO CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of Item 18.) etached f Dept. of **EDICAL** 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 120e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not While at work at work 21. I certify that (I) (this hospital) attended the deceased from 150 Co., that (I) (we) last OIRECTOR: age 3 should lied with the 19 66, and that death occurred at _____M, from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE 22b. DATE SIGNED June 11,1966 DIRECTOR Da 22d. ADDRESS FUNERAL PHYSICIAN'S director, p NAME (Type) 236 Virginia Ave., Cumberland, Md. Clay 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Specify) June 12.1966 Mt. Herman Cemetery Cumberland, Md. Allegany Ruria. 258. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR James F. Scarpelli, Cumberland, Md. VR A15 (4) 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07826 CERTIFICATE OF DEATH ond 2 death low requires that the deoth certificate be executed within 24 hours after death the attending physicion and completely filled in by the funeral sit permit. Then please remove carbon papers. Pages I and mation as removal, out in any event, within 72 hours after deal PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) a. COUNTY º MARYLAND 6 COMNEY LEGANY ALLEGANY MARYLAND b CITY OR TOWN (f autside carparate limits. C LENGTH OF STAY IN 16 c CITY OR TOWN (If outside carparate limits, write RURA), and give nearest town) CUMBERT WNPPrest town) DAYS LONACONING d. STREET ADDRESS e. IS RESIDENCE ON A FARM? d. NAME OF MOSPITAL OR INSTITUTION (If not in hospital, give street address) SELDOM SEEN RD. MEMORIAL HOSPITAL. NO TO YES . Middle NAME OF 4. DATE Month Year DECEASED OF DEATH 1966 SMITH. JUNE WILLIAM S 16. (Type or print) 6 COLOR OR RACE WHITE S SEX 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 7 MARRIED DATE OF BIRTH NEVER MARRIED 2-13-1886 MALE ost popidoy) Months Dovs Hours WIDOWED DIVORCED TOB. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State or foreign country) 10o USUAL OCCUPATION (Give kind of work done 12 CITIZEN OF WHAT during most of working life, even if retired)

Retired Miner U COUNTRY? INDUSTRY I ONACONING. MD. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME JANE SCOTT PETER SMITH 15 WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give war or dates of service) 17 INFORMANT 16 SOCIAL SECURITY NO. Address MEMORIAL HOSPITAL. CUMB. MD. cremation, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for let 71), and (c).) burnal-transit PART I DEATH WAS CAUSED BY ONSER AND DEATH IMMEDIATE CAUSE (o) physician. DUE TO Conditions, if any, which gave rise to immed ate couse (a), DUE TO stating the underlying couse Page 4 may be retained by the hospital or attending os the O FUNERAL DIRECTOR: After this certificate has been last PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) WAS AUTOPSY PERFORMED? for use NO 20o. ACCIDENT WAS UNDERLYING [20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH be detached (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or town) 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (County) (State) factory, street, affice bldg . etc.) Hour o.m. Not While ot work at work 21. I certify that (1) (this haspital) attended the deceased from 12:01 should from causes and an the date stated above 7966, and that death accurred at. saw the deceased alive an 22n. SIGNATURE-22b. DATE SIGNED ATTENDING STAFF PHYS. M.D. DIRECTOR 122 S. 22r. PHYSICIAN'S NAME (Type) DR. CENTRE ST. CUMB. MD. WILLIAMS 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, (County) (Stote) BEMOVALIS DECILY) 6/18/66 Oak Hill Cemeterv Lona coning A GISTRAR 25b. REGISTRAR'S SIGNATURE Md 24. FUNERAL DIRECTOR 25o, REC'D BY REGISTRAR George Eichhorn Lonaconing, Md.





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	21. 1	certify	that (I)	this ho	sp(tal)	attende	d the d	leceaset	from C	1119	, 1	9, 6	to	JIML	-/41	9662 th	at (I) (we) las
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	22c. PH	YSICIAI ME (Ty	N'S	(5/	(2)	1	0/1		22d.	ADDRESS	7 77	110	€11	12	221	1/11
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23.	BURIAL REMOV	, CREMA AL (Spe	CIFY) 23	b. DATI	ETHER	EOF _966				y or crem		230		ATION (CIty			(State)
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24	. FUNERA		TOR	1/7	1 1	D	_	DDRESS	an,Pa		25a. RE	C'D BY	REGIST	RAR 25b.	REGIST	RAR'S SICN	ATURE



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07819 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. I. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) o. COUNTY o. STATE. b. COUNTY Allegany 3 to death. Allegany MARYLAND Marvl and c CITY OR TOWN (If outside corporate limits, write RURAL and a ve nearest town) b CITY OR TOWN (If outside corporate limits, C JENGTH OF STAY N 1b write RURAL and give nearest town) Rural Rural Cumberland Cumberland d NAME OF HOSP TAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS o IS RESIDENCE ON A FARM? hours YES X NO Item 18. Give Pages Brice Hollow Road ate 3. NAME OF Middle DATE 3 Sto First Lost Month Dov Year DECEASED the I Joseph Matthew 1966 Steger DEATH June (Type or print) with t AGE (In years IF LADER 1 YEAR F UNDER 24 HRS S SEX 6 COLOR OR RACE DATE OF BIRTH 7 MARRIED XX NEVER MARRIED birthdoy) Months Doys Hours 7/12/20 Male White WIDOWED DIVORCED event 10c, USUAL OCCUPAT ON (Give kind of work done during most of working life, even if retired) 10b K ND OF BUSINESS OR 11. BIRTHPLACE (Stote or foreign country) 12 CITIZEN OF WHAT COUNTRY? INDUSTRY 24 any County Agent Agriculture Richmond, Virginia 14. MOTHER'S MA DEN NAME 13. FATHER'S NAME = John Robert Steger Pearl Topscott Steger Fle and IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT .⊆ Address certificate shimmed be axecuted nd "pending" in Chief Medical I (Yes, no, or unknown) (If yes give war ar dotes of service) or removol, Yes W.W. II Phyllis Steger Cumberland, Md. 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c),) INTERVAL BETWEEN ONSET AND DEATH burrol-tronsit PART I DEATH WAS CAUSED BY: CORONARY OCCLUSION SUDDEN MMEDIATE CAUSE (o). word burial, cremotion, DUE TO CORONARY SCLEROSIS WITH THROMBOSIS Conditions, if any, which gave rise to immediate couse (a). DUF TO 0 stoting the underlying couse last. 0.5 19 WAS AUTOPSY PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) PERFORMED? YES 4 NO 0 200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of mury in Port I or Port I of item 18.) 3 should ogent, prior PRIMARY OF CONTRIBUTING CAUSE OF DEATH 20d IN.JRY OCCURRED 20e PLACE OF NJURY (Home, form, (City or fown) (State) 20c TIME OF INJURY Month Doy, Year factory, street, office bldg., etc.) Not While may be retained for your FUNERAL DIRECTOR: Poge of work designoted 2) I certify that I took charge of the remains described above, held an Autopsy (3) Inspection 3. Inquiry Doc and in my opinion death resulted from Natural causes Accident Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAM NER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE BENEDICT SKITARELIC, M.D. June 27, 1966 Cumberland, Md. DEPUTY MEDICAL EXAMINER 3 Ь **EXAMINER'S** Health . Address (Street, city, town, or county) NAME (Type) 236 DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 230 BURIAL CREMATION. (County) 0 REMOVAL (Specify) 6/30/66 Davis Memorial Cemetery Cumb Allegany Md.
REGISTRAR 255 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR 2So REC'D BY REGISTRAR VR A15ME (5) 21 Memorial Ave. Cumb., Md. Ochanles DATE IIIN



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 27830 CERTIFICATE OF DEATH 117890 requires that the death certificate be executed within 24 haurs after death 2 USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) the attending physician and campletely filled in by the funeral isit permit. Then presser remove carbon papers. Pages I and mation, ar remayoftendin any event, within 72 haurs after the PLACE OF DEATH o. COUNTY o. STATE b. COUNTY ALLEGANY MARYLAND MARYL AND **ALLEGANY** b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) write RURAL and give negrest town FROSTBURG DAYS d. NAME OF HOSPITAL OR INSTITUTION (If not in haspitol, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARMS 205 EAST STREET MEMORIAL HOSPITAL NO N 3 NAME OF DATE Doy Year EUGENE DECEASED JUNE 1966 (Type or print) DEATH 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS S SEX 6 COLOR OR RACE NEVER MARRIED 7 MARRIED SEPT. 16, 1880 WHITE Sign birthday) Months Dovs Hours MALE 10a USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & State, or foreign country) 10b, KIND OF BUSINESS OR 12 CITIZEN OF WHAT during most of working life, even if retired)
RETIRED MINER INDUSTRY ALLEGANY CO. MD. 14 MOTHER'S MAIDEN NAME 13. FATHER S NAME MARY KERR FREDERICK STEVENS 16 SOCIAL SECURITY NO 17 INFORMANT 15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, or unknown) {(If yes give wor or dotes of service MEMORIAL HOSPITAL, CUMBERLAND, MD. 219-01-5219 INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one couse per line for (a) (b), and (c).) burial-transit PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO signed Conditions, if any, which gave rise ta immediate cause (a). DUE TO stating the underlying couse O FUNERAL DIRECTOR: After this certificate has been as the lost. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) far use NO P 205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) 20g ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a.m. factory, street, office bldg., etc.) Not While 21. I certify that (1) (this haspital) attended the deceased fram. Page 4 may be retained and that death accurred p138 A.M. from causes and an the date stated above. saw the deceased glive an. 22b. DATE SIGNED 220. SIGNATURE STAFF PHYS. ATTENDING DIRECTOR 22d. ADDRESS 22c. PHYSICIAN S 122 S. W.F. WILLIAMS CENTRE ST., CUMBERLAND, MD. NAME (Type) director, should by 23d. LOCATION (City or Tawn) 230 BURIAL CREMATION, 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (County) (State) BURIAL (Specify) FROSTBURG, MD. JUNE 11. FBG. MEMORTAL PARK 2Sb. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR 2So REC'D BY REGISTRAR VR A15 (4) 20 M 1/66 Wharles JOSEPH R. DURST, SR., FROSTBURG, MD.



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 07831 death. deoth. funeral s 1 and PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) a. COUNTY o. STATE MARYLAND b. COUNTY filled in by the fundance pages 1 c ALLEGANY requires that the death certificate be executed within 24 hours after MARYLAND b CITY OR TOWN (If outside carparate limits, c LENGTH OF STAY IN 1b c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest jawn) CUMBERLAND d. NAME OF HOSPITA. OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? MEMORIAL 523 PRINCETON ST. YES NO X completely fi 4 DATE NAME OF Middle First Month Day Year DECEASED WALLACE OF R SWAYNE 166 (Type or print) DEATH IF UNDER 1 YEAR IF UNDER 24 HRS. 9. AGE (n years S SEX 6 COLOR OR RACE B DATE OF BIRTH 7 MARRIED NEVER MARRIED birthday) Months Dovs Haurs 12-14-1914 WHITE MALE WIDOWED DIVORCED and in any 10o. USUAL OCCLPATION (G ve kind of work done during most of working life, even if retired)
SALLSMAN 10b. KIND OF BUSINESS OR 12 CITIZEN OF WHAT 11 BIRTHPLACE (County & State or foreign country) COUNTRY? AMARANTH. PA. 13. FATHER S NAME 14 MOTHER'S MAIDEN NAME crematian, ar removal. CECIL SWAYNE PEARL TRUE TS WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) fill yes give wor or dates of service 16 SOCIAL SECURITY NO. 17 INFORMANT Address 214 07 1047 Mrs. Mildred Swavne Cumberland. Md. INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) signed by the burial-transit p PART I DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gave (b) rise to immediate cause (a) DUE TO stating the underlying couse 4 may be retained by the hospital ar attending as the priar to has been lost. 19. WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO TO FUNERAL DIRECTOR: After this certificate director, page 3 shauld be detached for us 20g. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e PLACE OF INJURY (Home, farm, (State) 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED (City or town) (County) Haur o.m. factory, street, affice bldg., etc.) Not While ot wark ot work , 1965, to 4 25 44 1966, that (1) (we) last 21. I certify that (I) (this hospital) attended the deceased from Mor 25 202 19 66, and that death accurred of 9:300 from Mauses and on the date stated above. saw the deceased alive on_ 22o SIGNATURE 22b. DATE SIGNED ATTENDING M.D. DIRECTOR director, page 3 should be filed PHYS 22d 22c PHYSICIAN'S CENTRE ST. CUMBERLAND. MD. DR. ORMER NAME (Type) 23d. LOCATION (City or Town) 230 BURIAL, CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (County) (Stote) REMOVAL (Specify) CUMBERLAND, MD. JUNE 28. SUNSET MEMORGAL PARK 2Sb. REGISTRAR'S SIGNATURE **ADDRESS** 25g. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR BYRON KICHT VR A15 (4) 20 M 1/66 CUMBERLAND, MD. Ocharles 1966



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH 07832 death. law requires that the death certificate be executed within 24 hours after death pup 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission the attending physician and campletely filled in by the funeral sit permit. Then please retitione carban papers Pages 1 and PLACE OF DEATH n. STATE MARYI AND oan papers Pages I within 72 hours-affer b. CTY OR TOWN (If autside carparate limits, c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

SPRINGFIELD C LENGTH DE STAY IN 16 DAYS e IS RESIDENCE d. NAME DF HDSPITAL DR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS ON A FARM? MEMORIAL HOSPITAL Rural YES X NO refitteve carban 3 NAME OF First Last 4. DATE Year DECEASED (Type or print) JUNE OF DEATH CLARENCE 66 TAYLOR B. AGE (In years 6 COLOR OR RACE DATE DE BIRTH 7. MARRIED NEVER MARRIED buthday) Months Hours MALE WHITE WIDDWED DIVORCED 10a, USUA. DCCUPAT DN (Give kind of work done during most of working life, even if retired) 10b KIND DE BUSINESS DR 11 BIRTHPLACE (County & State or fareign country) 12. Cet ZEN DE WHAT andle INDUSTRY SPRINGFIELD.W. VA. Farmer 13. FATHER'S NAME 14. MDTHER'S MAIDEN NAME Eva S. Taylor WILLIAM TAYLOR 17 INFORMANT IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SDCIAL SECURITY ND (Yes, po, or unknown) (If yes give wor or dates of service) 232-60-5037A MEMORIAL HOSPITAL, CUMBERLAND, MD. INTERVAL BETWEEN CAUSE OF DEATH (Enter only one cause per line to (b), (b), and (c).
 PART I. DEATH WAS CAUSED BY burial-transit IMMEDIATE CAUSE (a) signed by DHE TD Conditions, if ony, which gove rise to immediate cause (a), DUE TD stating the underlying cause Page 4 may be retained by the haspital ar attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the WAS AUTOPSY PERFORMED? 'ES ND PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I at Part II af item 18.) 20g. ACCIDENT WAS UNDERLYING [DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Manth, Doy, Year 20d INJURY DCCURRED 20e PLACE DF INJURY (Hame, form, 20f. (City or town) (County) (State) factory, street, office, bldg., etc.) at wark 19___, that (I) (we) last 21. I certify that (I) (this hospital), attended the deceased fram. and that death occurred at 2.20 Pitom chuses and on the date stated above saw the deceased alive on. 220_SIGNATURE 22b. DATE SIGNED directar, page 3 shauld be filed v DIRECTOR 22d. ADDRESS 22c PHYSICIAN'S NAME (Type) GREENE ST. CUMBERLAND. MD. W. WELSMAN 23b. DATE THEREDE 23d LDCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, (County) (State) REMOVAL (Specify) Indian Mound W. Va. June 21,1966 Romney Hampshire 25b. REGISTRAR'S SIGNATURE 2So REC'D BY REGISTRAR 24. FUNERAL DIRECTOR Ocharley & VR A15 (4) 87212 C. W. Va. 20 M 1/66



	Division of STATISTICAL RESEARCH AND RECORDS, 30)) W. PRESTON STREET, BALTIMORE, MARYLAN	D 21201
thin 72 hours after death.	C7833 CERTIFICAT	E OF DEATH	07823
Ŋ	PLACE OF DEATH O COUNTYALLEGANY MARYLAND	2. USUAL RESIDENCE (Where deceased lived, if institution o. STATE WEST VIRGINIA COUNTY	Res dence before adm.ssion) V
,,,,,**	b CITY OR TOWN (If autside carparate limits, wcumberstrand town) c length of Stay in 16 5 DAYS	c. CITY OR TOWN (If autside carporate limits, write RURAL of SPRINGFIELD	ond give neorest town)
	d NAME OF HOSPITA. OR INSTITUTION (If not in haspital, give street address) MEMORIAL Hospital	d street address Rural	e is residence on a farm? YES - NO -
	3. NAME OF First Middle DECEASED (Type or print) INEZ Ruth	TAYLOR OF DEATH JUNE	19 Doy Year 66
	FEMALE WHITE WIDOWED DIVORCED	1-9-1896 70t birthday) Mid	UNDER I YEAR OF UNDER 24 HRS. on this Days Haurs Min
	Od USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIIE INDUSTRY	Springfield, W. Va.	12. CIT ZEN OF WHAT COUNTRY?
	John ALLEN der	Margaret Simpson	
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. (Yes, ng, or unknown) (If yes give war or dates at service)	MEMORIAL HOSPITAL, Address	B. MD.
	1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) WE CAUSE (b) IMMEDIATE CAUSE (c)	Head Parerouse	ONSET AND DEATH
	(orditions, if any, which gove)	interio to liver	2 month ?
	nse to immediate cause (a), stating the underlying cause last.		
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO A. S. Calvine Diser with	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO
	20s. ACCIDENT WAS UNDERLYING 20s. DESCRIBE HOW INJURY OCCURRED OR CONTRIBUTING CAUSE OF DEATH If FITTER NOTIFY MEDICAL PEXAMINES?	. (Enter nature of injury in Port I or Port II of item 18.)	
	20c, TIME OF INJURY Manth, Doy, Year - 20d, INJURY OCCURRED 20e, PL	ACE OF INJURY (Home, form, 20f (City or town) ctary, street, affice bidg., etc.)	(County) (State)
	21. I certify that (1) (this hospital) ottended the deceased from saw the deceased alive an 18 3 4 19 64 and the	at death accurred at 2:15 M. from couses and	, 19, that (I) (we) las i an the date stated above
	220. SIGNATURE W. alfall Var Olma	A.D. ATTENDING MED. STAFF DIRECTOR PHYS.	22b. DATE SIGNED
	PHYSICIAN'S NAME (Type) DR. W. A. VAN ORMER	122 S. CENTRE ST.	CUMB. MD.
	230. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE THEREOF June 21,1966 Indian Mour	nd Romney Hamns	(County) (State)
	24 HINERAL DIRECTOR ADDRESS		RARS SIGNATURE

MARYLAND STATE DEPARTMENT OF HEALTH

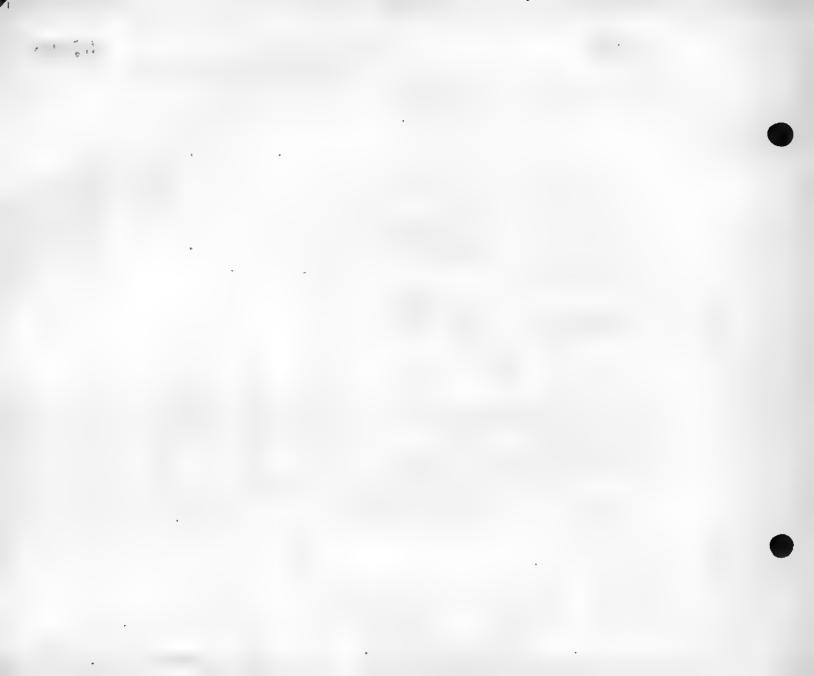


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH hours after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) e. COUNTY b. COUNTY ALLEGANY affer. ALIEGANY the MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 1 DAY FROSTBURG filled in d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? MINERS HOSPITAL WELSH event, within YES No 🖼 and completely f 3. NAME OF DATE Month First Middle Lest DECEASED OF DEATH CHARLES H. THOMPSON JUNE (Type or print) 30 19 66 5. SEX AGE (In years | IFUNDER 1 YEAR | IFUNDER 24 HRS. | last birthdey) | Months | Days | Hours | Min. 6. COLOR OR RACE DATE OF BIRTH 9. 7. MARRIED A NEVER MARRIED any MALE WIDOWED DIVORCED. 6 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

TRUCK DRIVER Ξ 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) certificate be INDUSTRY COUNTRY? U.S.A OWN BUSINESS MARYLAND 13. FATHER'S NAME MOTHER'S MAIDEN NAME JACK THOMPSON CLARA WINTERS 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. TRUSTBURG. MD. been signed by the atten the burial transit permit. or to burial, cremation, or (Yes, no, or unknwn) (If yes give war or dates of service) NO 236-14-6688MRS. 18. CAUSE OF DEATH [Enter only one cause par line for (a). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: 22 IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) gave rise to immediate **DUE TO** cause (a), stating the as the underlying cause last, (c) this certificate has CERTIFICATION WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? YES I NO D 20a. ACCIDENT WAS UNDERLYING DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) of OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20f. (City or town) (County) (State) TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Hour a.m. Not While TO HOSPITAL OF Stained Log Page 4 may be stained Log TO FUNERAL DIN TOR. After director, page 3 should by street or, sted with the St at work at work 21. I certify that (I) (this hospital) attended the deceased from 19 66, and that death occurred at 6.35 M, from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE 22b. DATE SIGNED ATTENDING PHYS. MED. DIRECTOR M.D. PHYSICIAN'S 22d. ADDRESS NAME (Type) BROADWAY, FROSTBURG LOCATION (City, town or county) BURIAL, CREMATION, REMOVAL (Specify) NAME OF CEMETERY OR CREMATORY DATE THEREOF BURIA 1966 CEMETERY JULY MEADOWPOINT 25a. REC'D BY REGISTRAR FUNERAL HOME 1966 MAIN ST. FROSTBURGIEJ VR A15 (4) SOWERS 60 W. MARILOU 15M 4-64



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 07835 requires that the death certificate be executed within 24 haurs after death death рио 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission PLACE OF DEATH sompletely filled in by the funeral a. COUNTY a. STATE b. COUNTY AT LEGANY ALLEGANY MARYLAND b CITY OR TOWN (f autside carparate limits, c LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate imits, write RURAL and give nearest tawn) write RURAL and give nearest tawn) 12 HRS CUMBERLAND d NAME OF HOSPITAL OR INST TUTION (If not in haspital, give street address) d STREET ADDRESS S RESIDENCE ON A FARM? 212 N. CENTER ST. SACRED FEART H SPITAL YES NO 3 NAME OF Middle 4. DATE East Manth Day Year DECEASED OF 11 66 William Barclay Timney June 19 (Type or print) DEATH IF UNDER 1 YEAR S SEX 28 (in years 9. AGE (In years IF UNDER 24 HRS 6 COLOR OR RACE 7 MARRIED **NEVER MARRIED** 8. DATE OF BIRTH Manths Days Haurs MALE WIDOWED DIVORCED XX 12 - 4 - 3710a USUAL OCCLPATION (Give kind of work done 106 KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CH ZEN OF WHAT ASTAURANT during most of working life, even if refired) COUNTRY? Frostburg. Md. HSA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Alexander Timney Dorothy Limingston 17 INFORMANT 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO Address (Yes, na, ar unknawn) (If yes give war ar dates af service) 220-34-1627 Patient's Chart 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
PART 1. DEATH WAS CAUSED BY INTERVAL BETWEEN signed by the burial-transit p ONSET AND DEATH IMMEDIATE CAUSE (a) **DUE TO** camo was Canditions, if any, which gave (b) rise to immediate cause (a). DUE TO stating the underlying cause Page 4 may be retained by the hospital or attending O FUNERAL DIRECTOR: After this certificate has been the PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO BEATH BUT NOT RELATED TO THE TERMINAL DISPASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? YES [NO ठ 205 DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20a ACC DENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH detoched (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or town) 20c TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Hame, farm, (County) (State) Haur a.m factory, street, office bldg , etc.) Not While that (I) (we) last 21. I certify that (I) (this haspital) attended the deceased fram 1966 and that death accurred at 4.5 saw the deceased alive an Mafram causes and an the date stated above 22a SIGNATUR 22b. DATE SIGNED **ATTENDING** MED. DIRECTOR 図 M.D. PHYS. director, page should be filed 22c. PHYSICIAN'S 22d ADDRESS NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23d TOCATION (City or Town) 23a BURIAL, CREMATION 23b. DATE THEREOF (County) (State) BURIAL (Specify) FBG. MEMORIAL PARK FROSTBURG, MD. 6-14-66 ADDRESS 25b REGISTRAR'S SIGNATURE 2Sq. RFC'D BY RFGISTRAR 24. FUNERAL DIRECTOR Milantes Judge VR A15 (4) 20 M 1/66 JOSEPH R. DURST.SR., FROSTBURG. MD.



1		MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, A	AARVLAND
FOR STATE		17836 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	07826
HEALTH DEPT.		PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution.	Residence before edm ssion
Page lles.		ALLEGNEY MARYLAND PLINSYLVNIA BLDFOR	D
Sce.		write RUKAL end give nearest (own)	nd give neerest lown]
dire your you		CUMBERIAND B. DANS HYNDMAN d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS) e, IS RESIDENCE
10 m		MEMORIALHOSPITAL	ON A FARM?
State Bath		NAME OF First Middle Last 4, DATE Month	Day Year
If a she are a derived as a der		(Type of print) LUTHER MONROE TIPTON DEATH JUNE 14	19 66
aftri	5.	TOTAL MARKET TOTAL	TYEAR IF UNDER 24 HRS.
er d and ma 2 v		LE WHITE WIDOWED DIVORCED 7-9-1878 87 yrs.	Deys Hours Min.
1, 2, 1, 2, 9e 9e 72 F	do	ne during most of working life, even if relired)	TIZEN OF WHAT COUNTRY
hour ages F. Pa	13.	Retired Engineer B&O RATLROAD Buffalo Mills R.D./1	USA
42 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4		NOAH TIPTON LOVINA COOK	
ig o be a		WAS DECEASED EVER IN U.S. ARMED FORCES?, 16. SOCIAL SECURITY NO. 17. INFORMANT Address	v
A E E E	{Ye	NO TOPO NO PANDOLPH TIPTON HYNDMAN?P.	Α.
cuto W W		18. CAUSE OF DEATH [Enler only one cause per line for (e), (b), and (c).)	INTERVAL BETWEEN ONSET AND DEATH
ecit in alon rans		PART I. DEATH WAS CAUSED BY: Hemothorax, Left	4 Days
Ped		DUE TO	
hour juice		Conditions, if eny, which gove rise to immediate cause (b) Fractured Ribs, Left Chest	4 Days
ding ding as as		(e), stelling the underlying DUE TO	
t.fic.	z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PAR	T I(e)) 19. WAS AUTOPSY
ord ord	CERTIFICATION		PERFORMED?
e w e ould	кпис	206. EXTERNAL CAUSE WAS 206. DESCRIBE HOW INJURY OCCURED, (Enter neture of Injury in Pert II of stem 18.)	(A)
ST A Trial	8	PRIMARY N or CONTRIBUTING CAUSE OF DEATH.	
	, ,	cause of Death. Fell down steps at home	
MIN Chie age 3	Z Z	20c. T.ME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 1 20f. (City or town) (Con	uniy) (Siele)
EXAMIN te, writin the Chie R: Page 3 ior to bu	, ,	20c. T.ME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Not While Sectory, street, office bldg., etc.) Hvndman Bedf Home	ord Penna.
AL EXAMIN ilicate, writin d to the Chie TOR: Page 3	Z Z	20c. T.ME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Not While et work While et work While et work While et work White et work While et work White et work Whit	3 45
CCAL EXAMIN certificate, writin rided to the Chie SECTOR: Page 3	Z Z	20c. T.ME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Not While et work with the etwork with the et	ord Penna.
Certification of agent,	Z Z	20c. T.ME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Not While et work et work the work of the remains described above, held an Autopsy X, Inspection X, Inquiry X, death resulted from: Natural causes , Accident X, Suicide , Homicide , Undetermined manner CHIEF MEDICAL EXAMINER	and in my opinion
CAL Certification be forwarded AAL DIRECT gnafed agent,	Z Z	20c. T.ME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Howeld H	and in my opinion DATE SIGNED
CAL Certification be forwarded AAL DIRECT gnafed agent,	MEDICAL	20c. T.ME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Not While Heetery, street, office bidg., etc.) 8:00 P.m.June 11 19 66 et work et work with Home 21. I certify that I look charge of the remains described above, held an Autopsy with Inspection with Inquiry with In	and in my opinion DATE SIGNED
DEPUTY certification of the control of the control of the control of the control of the certification of the certi	MEDICAL	20c. T.ME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 120f. (City or lown) Homes 1 19 66 et work et work to et work	and in my opinion DATE SIGNED , 1966
CAL Certification be forwarded AAL DIRECT gnafed agent,	MEDICAL	20c. T.ME OF INJURY Month, Day, Year 10c. Injury Occurred While Not While 10c. Injury Occurred Home. 8-00 p.m.June 11 19 66 et work 11 19 66 et work 12 Home. 21. I certify that I look charge of the remains described above, held an Autopsy 12. Inspection 12. Inquiry 13. Inquiry 14. Inquiry 15. Inquiry 16. Inquiry 16	and in my opinion DATE SIGNED 1966 (Stete)
DEPUTY asse exect should be forwarded PUNERAL DIRECT is designated agent,	MEDICAL	20c. T.ME OF INJURY Month, Day, Year 120d. INJURY OCCURRED While Not While 19 Month of the work 19 Month of the wo	and in my opinion DATE SIGNED 1966 (Stete)



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03833 07827 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) o. COUNTY o. STATE b. COUNTY ALT EGANY MARYLAND ALLEGAMY b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
CUMBERLAND c LENGTH OF STAY IN 16 c CITY OR TOWN (If autside corporate limits write RURAs and give negrest town) LIFE CUMBERLAND d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS ON A FARM? 510 BALTIMORE AVENUE SACRED H TART HOSPITAL and in any event, within YES 🗍 NO T carbon 3. NAME OF Middle 4 DATE First Lost Month Year DECEASED (Type or print) H OWARD MAGNER 19 66 DEATH S SEX IF UNDER 24 HRS. 6. COLOR OR RACE 7 MARRIED NEVER MARRIED DATE OF BIRTH 9. AGE (In years remove Months lost birthdoy) Dovs WIDOWED DIVORCED 6-22-13 10o USUAL OCCUPATION (Give kind of work done 12 CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State or foreign country) during most of working the, even if settred) COUNTRY? INDUSTRY CUMBERLAID, MARYLAND SPINNER CELANESE FIBERS CO 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME PEARL (SHA HOLT) JOHN WAGONER WAGONER 15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes no, or unknown) (If yes give wor or dates of service) 16 SOCIAL SECURITY NO 17. INFORMANT Б 214 07 3131 PT'S CHART crematian, INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line for (b), (b) and (c).) signed by the burial-transit p burial, cremati PART I. DEATH WAS CAUSED BY ONSET AND DEATH ERITONITIS IMMEDIATE CAUSE (a) DUE TO PEFORATIONAF Conditions, if ony, which gove rise to immediate cause (a), DUE TO stoting the underlying cause has been AD MESIONS GBST RUCTION last PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(G) 19. WAS AJTOPSY PERFORMED? ACUTE MYUCARDIAZ FN FARLTION NO S Page 4 may be retained by the haspital ar O FUNERAL DIRECTOR: After this certificate 205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING I CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, 20d. INJURY OCCURRED (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Day, Year Hour o.m foctory, street, office bldg., etc.) at work 1966, to 6 - 19, 1961, that (N) (we) lost 2) I certify that (1) (this hospital) attended the deceased fram____ 6-8 saw the deceased alive an 6-19 1960, and that death occurred at 1587M, fram causes and an the date stated above. 22b. DATE SIGNED 22o SIGNATURE STAFF PHYS. 6.21.66 M.D. DIRECTOR 22d ADDRESS 22c. PHYSICIAN'S director, po should be f NAME (Type) 122 SMALLWOOD ST CUMBERIAND, MARYLAND GLICK SPIGGLE 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION, 236 DATE THEREOF 23d LOCATION (City of Town) (Stote) CUMBERLAND, MD. JUNE 22,1966 ST. LUKES CEMETERY 256. REGISTRAR'S SIGNATURE ADDRESS 2So. REC D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 BYRON KIGHT CUMBERLAND, MD.



dama 1 (M)	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STATE	\$7838 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 117899
HEALTH DEPT,	1. PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE b. COUNTY
the bear	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Maryland C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
cessary, e funeral may be partment	write RURAL and give nearest town)
幸 <u>。</u> 多等	Cumberland Md. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
Page State hours	Memorical Hospital. 706 Holland Street. YES NO ME
25 E	3. NAME OF First Middle Lest 4. DATE Month Oay Year OF OF DECEASED (Type or print) James C. Watkins DEATH 6/25/ 19 66
ith. If a form P form P within within	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years FUNDER 1 YEAR FUNDER 24 HRS. lest birthday) Months Days Hours Min
ive Page with for	Male White WHOWED 10 DIVORCED 1/28/72 9/, yrs. 100 USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 171 BIRTHPLACE (State of foreign country) 12 CITIZEN OF WHAT
Give Give II am	COUNTRY?
n 18. G s along pages 1 in any	13. FATHER'S NAME
and and	Joseph A. Watkins 15. WAS DECEASED EVERTINUS. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address
within 2 pencil in miner's C permit.	(Yes, no, or unknown) (If yes give war or dates of service) No. Mrs. Albert Hast. Cumberland. Md.
d will amine amine t peri	18. CAUSE OF DEATH (Enter only one cause per line for (e), (b), and (c).]
ecute 19" il Ex ransi	Weeks Weeks
id be executed "pending" in "pending" in Medical Exan burial-transit cremation, or i	Conditions, if eny, which Arteriosclerotic Cardiovascular disease
a bu	cause (a), stating the OUE TO
ficate should the word of the Chiel used as a to burial,	
iffical to the to the r to l	5 Fracture of Hip YES NO XX
ate, writing forwarded to 3 should be agent, prior	20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING XX CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) End of describe how of the contribution of th
te, v orwa orwa sent,	CAUSE OF DEATH. Fell at daughters home fracturing hip 20c. TIME OF INJURY Month, Cay, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City of town) (County) (State) Hour And While at work Not While at work at work of the county of th
tiffica be to	7:00 p.mJune 3 166 at work Home Cumberland Alleg Maryland
the certification of the certi	21. I certify that I took charge of the remains described above, held an Autopsy, Inspection KN, Inquiry KI, and in my opinion death resulted from: Natural causes Accident KN, Suicide, Homicide, Undetermined manner
LEDICE EXACUTE THE COURTE HE COURTE A SHOULD FOR THE POUR THE DIRECTOR:	CHIEF MEDICAL EXAMINER
	SIGNATURE SIGNATURE AND ASSISTANT MEDICAL EXAMINER X June 25, 1966
O DEPUTY Mease executed director. Frequency for FuneRal of Health or	NAME (Type) BENEDICT SKITARELIC, M.D. Address (Street, city, town, or countyCumberland, Md.
directed of H	23a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
~	Purio 6/28/66 Rose Hill Cem. Cumberland Md. 24. FUNERAL DIRECTOR 25a. REC'D BY REGISTRAR'S SIGNATURE
VR AISME (5) 5M 1/65	Louis Stein Inc. Gumberland Md DATE JUN 28 1986 fcharles Judge

+ ۵ ¥

PRESTON STREET, BALTIMORE 1, MARYLAND OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decesed lived. If institution, Residence before admission) . COUNTY Allegany b. COUNTY Allegany O P MARYLAND b. CITY OR TOWN (if guiside corporeta limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) write RURAL and give neerest lown) Frostburg

d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite), give street eddress) papers. Pages in 72 hours afte Lonaconing d STREET ADDRESS . IS RESIDENCE ON A FARM? Miners Hospital Street YES NO-Main completely 3 NAME OF 4. DATE Middle DECEASED OF and carbon p (Type or print) DEATH Robert Wells 19 IF UNDER 24 HRS. 19. AGE (In years | IF UNDER I YEAR 6 COLOR OR RACE 7. MARRIED NEVER MARRIED last birthdey) Months Hours Male WIDOWED [August certificate 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY done during most of working life, even if retired) Lonaconing, Retired Coal Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME mit. Then pleas removal, and in Unknown Thomas Wells 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. ! 17. INFORMANT Address (Yes, no, or unkown) | (If yes give we ror dates of service) Lonaconing, Lst W. WAr William Wells Maryland been signed by the YES IST. W. WAT

18. CRUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] permit. attending physician. INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) cremation, burial-transit **DUE TO** Conditions, if eny, which gave rise to immediate ceuse certificate has by a use as the buri prior to burial, **DUE TO** (a), stating the underlying hospital or PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(+) 19, WAS AUTOPSY PERFORMED? NO prior 200. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter neture of injury in Pert I or Part II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED I 20e. PLACE OF INJURY (Home, farm, 1 20f. (City or town) (County) (State) fectory, street, office bldg., etc.) Not While at work et work P.m. 21. I certify that (I) (this hospital) attended the deceased from. 600 and that death occurred at 9 M, from the causes and on the date stated above saw the deceased alive on. 220. SIGNATURE 22b. DATE ATTENDING MED SIGNED DIRECTOR PHYS. PHYS. 0 ·60 FUNERAL M.D HOSPITAL page with th 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type filed v 23s. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City, town or county) (State) \$ o ÷ 3 emeterv Lonaconing BE MGISTEN 1256. 24 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 表 GISTRAD SCOTO **VR A15 (4)** George Eichhorn Lonaconing, Md. DATE 20M S-63

5 I' 5



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE. MARYLAND 21201 CERTIFICATE OF DEATH funeral s 1 and 2 ter death requires that the death certificate be executed within 24 hours after death 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission PLACE OF DEATH c. COUNTY WEST 5 COUNTY ALLEGANY VIRGINIA carbon papers. Poges 1 nt, within 72 hours offer MARYLAND b CITY OR TOWN (If outside corporate I mits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 c CITY OR TOWN (If autside corparate limits, write RURA) and give nearest town) KEYSER **CUMBERLAND** DAYS attending physicion and completely filled in permit. Then please remove carbon papers. d STREET ADDRESS e. IS RESIDENC d. NAME OF HOSP TAL OR INSTITUTION (If not in hospital, give street address) ON A FARM STAR ROUTE #2 MEMORIAL HOSPITAL NO. 3 NAME OF Middle 4 DATE First Month Year DECEASED OF DEATH JUNE 1966 THELMA WERTMAN (Type or print) М IF UNDER 1 YEAR IF UNDER 24 HRS. SEX AGE (In veors 6. COLOR OR RACE NEVER MARRIED B. DATE OF BIRTH герроме tast Birthday) Days Months Hours DEC.28,1907 WHITE DIVORCED FEMALE 11 BIRTHPLACE (County & Stote, or foreign country) 10o LSUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 12 CIT ZEN OF WHAT ond in during most of working life, even if retired) INDUSTRY PETERSBURG.W. VA. Hoers with 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME burial, cremation, or removal, MARY ELLEN WEIMER ESTON DOLLY 15 WAS DECEASED EVER IN U.S ARMED FORCES? 17. INFORMANT 16 SOCIAL SECURITY NO. permit. (Yes, no, or winknown) (If yes give wor or dotes of service MEMORIAL HOSPITAL.CUMBERLAND.MD. INTERVAL BETWEEN IB. CAUSE OF DEATH (Enter on y one couse per ligestfor (o), (b), and (c)) signed by the burial-transit p PART I DEATH WAS CAUSED BY: Massel. ONSET AND DEATH IMMEDIATE CAUSE (o) Page 4 may be retained by the hospital or attending physician 4001 DUE TO Conditions, if any, which gove (b) rise to immediate couse (a), DUE TO stoting the underlying couse has been director, page 3 shauld be detached for use as the should be filed with the State Dept. of Health prior to lost. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a). CERTIFICATION NO. TO FUNERAL DIRECTOR: After this certificate director, page 3 shauld be detached for us 200 ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of Item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c TIME OF INJURY Month, Day, Year factory, street, affice bldg., etc.) Hour o.m. Not While 19 at work at work 21. I certify that (1) (this haspital) attended the deceased fram , 19___, that (I) (we) last and that death accurred a50 M, fram causes and an the date stated above. saw the deceased alive an 220_SIGNATURE 22b. DATE SIGNED STAFF PHYS. M.D. -DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S FULLER B WHI TWORTH 305 WASHINGTON ST., CUMBERLAND NO NAME (Type) 23d. LQCATION (City or Town) NAME OF CEMETERY OR CREMATORY (Stote) 230 BURIAL CREMATION 23b. DATE THEREOI (County) REMOVAL (Specify) (1) (1°C Lune uline Sword CHSEN ADDRESS 2So REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 24 hours after death, PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE Maryland b. COUNTY b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) MARYLAND c. CITY OR TOWN AT butsile corporate limits, write kurac and give hearest town) C. LENGTH OF STAY IN 15 papers. 1-72 hours a Frostburg
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Lonaconing = filled d. STREET ADDRESS e. IS RESIDENCE within 72 ON A FARMS Florida Wav YES NO P Miners Hospital within completely carbon 3. NAME OF Middle DATE Last Month Year DECEASED DF DEATH WILT GRACE A. (Type or print) 19 executed 6. COLOR OR RACE 8. DATE OF BIRTH ACE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. | last birthday) | Months | Days | Hours | Min. 7. MARRIED K NEVER MARRIED Tend in any White June Female WIDOWED [DIVORCED 10a. USUAL OCCUPATION (Cive kind of work done | 1Db. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRT HPLACE (County & State, or foreign country) pe during most of working life, even if retired) Md. Wife Swanton. House requires that the death certificate 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending pharmit. Then Alta M. Fitzwater Sweitzer 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 5 (Yes, no, or unknown) \ (If yes give war or dates of service) MD. Robert Wilt. Lonaconing. 5(Ú)(Î 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY for use Health PERFORMED? certificate YES NO IT 2DO. ACCIDENT WAS UNDERLYING TO CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part 1 or Plirt 11 of Item 18.) this cert detached 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 2Df. (City or town) (County) (State) Hour a.m. After While Not While at work p.m. 19 at work I certify that (I) (this hospital) attended the deceased from. DIRECTOR: age 3 should led with the 19 66, and that death occurred at 6 A. M. from the causes and on the date stated above. saw the deceased alive on 22a. SICNATURE DATE SIGNED 22b. page MED PHYS. DIRECTOR PHYS. M.D. TO FUNERAL I TO HOSPITAL 22d. 22c. PHYSICIAN'S ADDRESS NAME (Type) BURIAL, CREMATION, REMOVAL (Specify) 23b. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) Cumberlandm MD. Park Sunset Memorial Buria. FUNERAL DIRECTOR ADDRESS REC'D BY REGISTRAR GEORGE EICHHORN Lonaconing. VR A15 (4) 20 M 1/65



		Division of STATIST	ICAL RESEA	ARCH AND RECORDS,	301 W. PRESTO	ON STREET, BALTIMO	DRE, MARYLAN	ID 21201
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	Cumbei	rland		3 Years	- 41	Cumberland		* 1 8
		P TAL OR INSTITUTION (If not		give street oddress)	d STREET ADD			e IS RESIDENCE ON A FARM?
		lumbia Stree				250 Columbi		YES NO 🔀
	NAME OF DECEASED	F rs		M ddle	Lost	4 DATE OF	Month	Doy Year
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	IS WAS DECEASED	EVER IN U.S. ARMED FORCES?		SOCIAL SECURITY NO	/ INFORMANT	1164111		50 Columbia St
	(Yes, no, or unknow)	n) (If yes give war or dates of	Service)	6-48-8627	Mrs. Vio	la Brav		umberland, Md
F		DEATH (Enter only one cous			11208 120	za Dray	<u>~</u>	INTERVAL BETWEEN
ŀ	PART I. D	EATH WAS CAUSED BY IMMEDIATE CAUSE (Myocardi	tis		ONSET AND DEATH TOOT THE
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WALL OF THE REAL PROPERTY.	Hour Hour	N.JRY Month, Doy, Yeor o m p m. 19	20d JN While		PLACE OF NJURY (H factory, street, office		lity or town)	(County) (State)
		tify that I took charge	of the ren	nains described above	held an Autops	y Inspection	X, Inquiry	XX and in my apinia
			rauses 🔻		Suicide [], H		termined man	
	ACTIVAL	A.	. 1	2	Name of 1	MEDICAL EXAMINER	_	
	ACTUAL SIGNATURE 🔎	Denedic	tX) te	starella)		TANT MEDICAL EXAMINER		22. DATE SIGNED
	EXAMINER'S NAME (Type)	BENEDICT S	KITARE	LIC, M.D.	DEPU Addre	TY MEDICAL EXAMINER X	county Cum be:	rland, Md.
	230 BURIAL (REMA	IT ON, 23b DATE THE		23c. NAME OF CEMETERY			ION (City or Town)	
	REMOVAL (Spe)	Philos Ceme				lleg Maryland
	24 FUNERAL DIRE			ADDRESS		250. REC'D BY REGISTRAR DUN 10 196		TRARS S GNATURE
	Ruth	E. Silcox Co	umberl	and, Maryland	1 21502	MINIT TO 130	00	0.0

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH 07844 17834 the death certificate be executed within 24 hours after death. by the funeral ond I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o COUNTY p. STATE 5. COUNTY ALLEGANY MARYLAND MARYLAND C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest Town) b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 CUMBERLAND DAYS CIMPERT AND 8. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS SACRED HEART NO X HOSPITAT. YES POYAL AVE carbon 3. NAME OF First Middle 4. DATE Lost Doy Year DECEASED (Type or print) ARTHUR YOUNG DEATH IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 8. DATE OF BIRTH AGE (In year 6. COLOR OR RACE 7. MARRIED W **NEVER MARRIED** remove/ lost birthday) Months WIDOWED DIVORCED MALE WHITE 10o. USUAL OCCUPATION (Give kind of work done 10h KIND OF BUSINESS OR 12. CITIZEN OF WHAT FATHER'S NAME or removol, 15. WAS DECEASED EVER IN U.S. ARMED FORCES? SOCIAL SECUR NO. (Yes, no, or unknown) ((If yes give wor or dates of service patients_CHART 18. CAUSE OF DEATH (Enter only one couse per-time for (o), (b), and (c).) INTERVAL BETWEEN signed by the buriol-tronsit buriol, cremoti ONSET AND DEATH PART I. DEATH WAS CAUSED BY: thot 1 IMMEDIATE CAUSE (a) 4201 DUE TO Conditions, if any, which gove rise to immediate couse (a), DUE TO stating the underlying couse hos been the PART IN OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) WAS AUTOPS'
PERFORMED? NO TO FUNERAL DIRECTOR: After this certificate for 20o. ACCIDENT WAS UNDERLYING. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER! 20e. PLACE OF INJURY (Home, form, (City or town) (Stote) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED (County) Not While factory, street, office blda., etc.) of work 2). I certify that (I) (this haspital) attended the deceased fram I NC 17, 1966, to 10 45 27 19 that (1) (we) last saw the deceased alive an Studie 27 1965, and that death accurred at 2 M, from couses and an the date stated above. 22g SIGNATURE 22b. DATE SIGNED director, page 3 should be filed v M.D. DIRECTOR PHYS 22d ADDRESS 22c. PHYSICIAN'S NAME (Type) DR. DOERNER 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, 23b. DATE THEREOF (County) (Stote) REMOVAL (Specify) 6/29/66 SS. Peter & Paul Cumberland. Md. 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FÜNERAL DIRECTOR VR A15 (4) 20 M 1/66 DATE JUN 1 2/302

